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STATE OF MARYLAND

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FOR - STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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Davis Funeral Home, Smithsburg, Md., 21783

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTOR:

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DHMH - 16 60M 7/84 (VRA 15, 4) Davis Funeral Home, Smithsburg, Nd., 21783

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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remation det.20,1956 Smithsburg bremetorium Smithsburg, wash., Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 1 DECEASED NAME 20 DATE KNOWN N MONTH MARVIN BARROW OF ESTI-Lee Earl 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED male white May 3, 1941 DEAD 45 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Maryland WIDOWED DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Hagerstown Washington County Hospital maintenance shopping mall ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1131 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Pennsylvania Franklin 3856 Gross Dr. Greencastle NO X M FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Edna Grace Dorsey Barrow 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS Phyllis J. Barrow, Greencastle, Pa. 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) IMMEDIATE CAUSE (O) MULTIPLE TRAUMATIC INTURIES (INTERNAL MINUTES Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF MOTORCYCLE RUN OFF ROAD # E-816 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 :0 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DED TO THE CHIEF IS SHOULD BE USED EDEPARTMENT OF HE YES 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED TIE PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE CITY OR TOWN COUNTY STATE XECUTE THE CERTIFICATE,

PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PY
FOR PAGE A SHOULD BE SON
THE STATE OF THE STATE

BATTMORE, MARYLAND, 2

BATTMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy Inspection X death resulted from: Homicide Undetermined manner TITLE (SPECIFY) MANOR DR #107 EXAMINER'S NAME HAGERSTOWN_MD TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b DATE Cedar Lawn Mem. Park Hagerstown, Wash., Maryland Oct. 6,1986 burial 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VR A15 ME (5))

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE 22¢ DATE SIGNED DEGREE ATTENDING STAFF 10-13-16 MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT be S 224 PHYSICIANIS NAME (TYPE OF PRINT) 22e ADDRESS should be James A. Miller, M.D. Box D4 Shady Grove, PA 0 Welty Church of the 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE (SPECIFY) Burtal Oct.15,1986 Greensburg, Wash, Md Brathren Cemetery 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRARIZSH, REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 Davis Funeral Home Smithsburg, Md. (VRA 15, 4)

STATE OF MARYLAND

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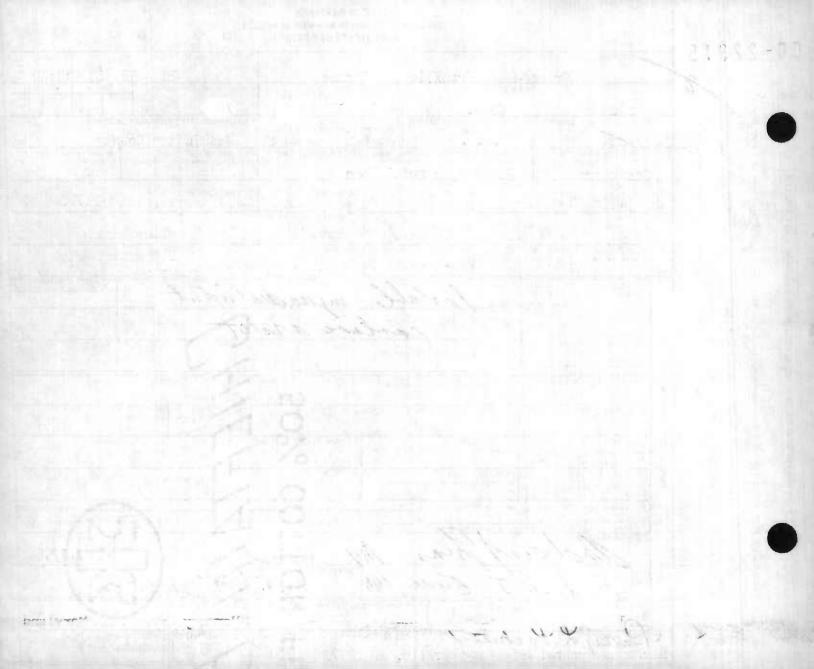
Myersville, MD 21773

Ricketts Funeral Home

(VRA 15, 4)

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STATE OF MARYLAND



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR DATE KNOWN DECEASED NAME MONTH 25 HOUR (TYPE OR PRINT) OF ESTI-E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS Bonita Sue Cook 10 14 19 86 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 2:59P July 8, 1963 23 fema1e white DEAD 14 1986 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Nebraska USA Washington County WIDOWED DIVORCED CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Hagerstown Washington County Hospital retail sales secretary USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3g. STATE 136 COUNTY 130 CITY OR TOWN 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS 21740 Washington Maryland Route 2, Box 29A Hagerstown NO K 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Helen Lonnie Mullenax Cook encil in Item 18. give pad Miner Along With For Transit Permit. Pages Ental Hygiene, division of 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7. INFORMANT **ADDRESS** (YES, NO. OR UNKNOWN) Lonnie Cook, Hagerstown, Md. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Ruptured thoracic aortic aneurysm DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Marfan's syndrome E 3 SHOULD BE USED A E DEPARTMENT OF HE 31 PRIOR TO BURIAL, C 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [] 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TO MEDICAL EXECUTE, WRITHING EXECUTE THE CERTIFICATE, WRITHING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHOWN WITH THE STATE DEPARM. WITH THE STATE DEPARM. 21f LOCATION 21d INJURY OCCURRED THE PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy deoth resulted from: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL 10/15/86 Assistant EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION burial Oct.18,1986 Mullenax Cemetery Bartow, Pocohontas, W.Va. 07/84 25M 24 FUNERAL DIRECTORMINNICH FUNERAL HOME DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VR A15 ME (5))

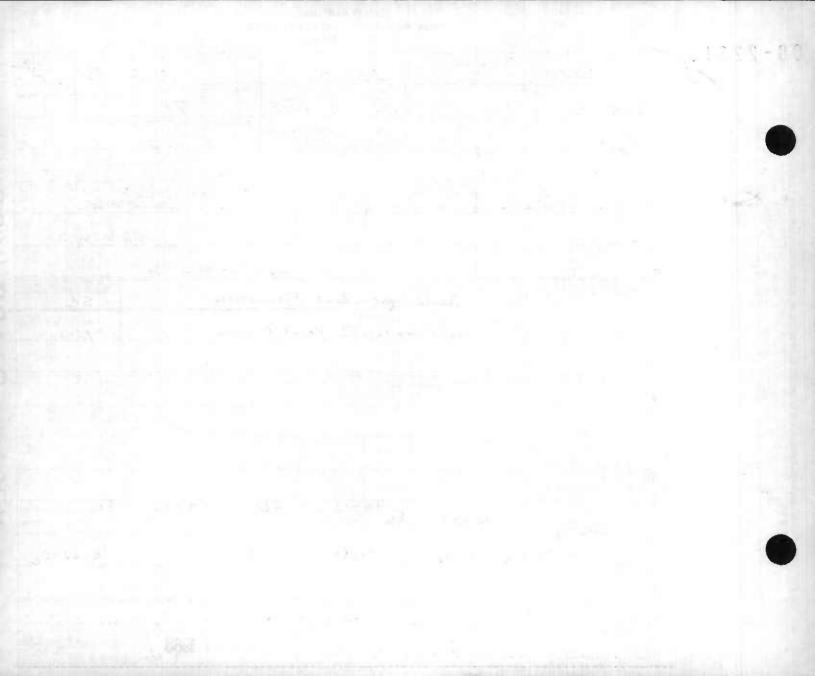


415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-22033 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I DECEASED NAME MIDDLE 2a DATE OF DEATH MONTH YE AR 2b. HOUR (TYPE OR PRINT) 25 Hersche 1986 20 TOBER 3 SEX 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR s of 1920 Hua BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Middletown, Md. U. S. A. Washington WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Washington County Hospital Mail Carrier INDUSTRY S. Hagerstown Mail BALTIMORE, MARYLAND 21201 13c_CITY OR TOWN 13 STREET ADDRESS / ZIP CODE Naple Ave. 13d INSIDE CITY LIMITS? Washington 21713 Maryland Boonsboro 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDMA Dean Carrie Smith Leslie George 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 111 AD Maple Ave. NO OR UNKNOWN 217- 12- 2442 Rachel E. Dean. Boonsboro, Md. 21713 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I. DEATH WAS CAUSED BY: MYOCARDIAL HOUR INFARCTION DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF RTERIOSCLEROTIC HEART Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to NO DESI 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 7) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. LIF EITHER NOTIFY MEDICAL EXAMINERS 19 21d, INJURY OCCURRED 218 PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from NOV sow the deceosed olive on OCT 20 and that in (my) (our) opinion death occurred on the date and have and from the causes stated obove, (1) (west (did) (did not) view the body after death 225 SIGNATUR 22c. DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 10-23-86 Boonsboro Cemetery Boonsboro Wash. 24. FUNERAL DIRECTOR 21713 DHMH - 16 60M 7/B4 John H. Bast Jr. Rt.4 Box7 Boonsboro Maryland (VRA 15, 4)

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STATE OF MARYLAND

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	omp omp	12	John		Moat		Mai	ry	E.	Payî	
BALTIMORE,	xeco		(AS DECEASED EVER IN U.S. AS NO OR UNKNOWN) (IF YES.	SIVE WAR OR DATEST	166. SOCIAL SECU		17. INFORMANT		ADDRE 1839	923 Merc	ersburg
TIM	pe e		No -		214-36-	2330	Walter	E. I	reisbach Gr		
BAL	cate	100	18 CAUSE OF DEATH Enter PART 1. DEATH WAS CAU	only one couse per l	ine for (a), (b), one	dicul				BETWEEN	CIMATE INTERVAL ONSET AND DEATH
ST.,	1. 3.1			ATE CAUSE (0)	ardiof	ulw	ongru	1 6	arrest		
PRESTON	th court			DUE TO, OR	AS A CONSEQUE	NCE OF		2 .	0 6	cont	
REST	deo atta		Conditions, if any, which gave rise to immediate	(b)	letast	atic	care	GING	oma of b	16951	
× .	t the		cause (a), stating the underlying cause last.	DUE TO, OR	AS A CONSEQUE	NCE OF					
201	that start and s			(c)							
	signe a bury,	z	PART 2. OTHER SIGNIFICAN	CONDITIONS CO	NTRIBUTING TO E	DEATH BUT N	OT RELATED TO 1		NAL DISEASE OR CONDITION	GIVEN IN PART I	
ORC	y in	Ę	rericardial	METAS	19565 ION FOR WHICH	OPERATION	WAS DEDECTIONED	1510		IF YES, WERE FINDI	INGSTISED
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DIVISION OF VITAL RECORDS.	The te h	CERTIFICATION	710. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY		71c HOW INJURY	COCCURRE	YES NO	YES DANI 1 OR PART 2)	NO 🗆
7	phys tifica al Hy m 18		OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.M	MONTH DA				- VENTER TOTAL OF MOON MAKE		
N	HYSIC Iding burio I Ment	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	P.A.		19	211 LOCATION				
/ISIO	the the band and a	ME	WHILE NOT WHILE D		ET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TOWN	COUNTY	STATE
ā	or or Afte assault and the mark		22a I certify that (I) (This has	nital) attended the	decensed from	-0.	10	0	10/13	10 86	that (I) (we) last
	TEN OR STATE		sow the decresed alive	on 60/	13 19	86 , one	that in (my) (aur)) opinion de	eath accurred on the date and	d hour and from the	couses stated
	RECI RECI Ppt, o		obove, (I) (we did) (did 22h stignatudar	not) view the body o	itter death.		EGREE				SIGNED
	the the control of th		/Texas	1/11	1.91-	TIL	1 D ATTEN	NDING ICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		
	HOSPITA ned by FUNERA old be de the Stat		21d PHISICIAN'S NAME (TYP	E OR BRINT)	i wi	-	22e. ADDRESS	ICIAN []	DIRECTOR PHYSICIAN E		
			George	Newman	II MD	4.7	Howell	Road	d, Hagerstow	vn. Md.	
	01 of 5 of 5 of 5	23a B	URIAL, CREMATION, REMOV				METERY OR CREM		23d LOCATION	vii, rice,	
GA	App App	(Burial	10-16-					Hagerstown	Washir	ngton, Md.
77			INERAL DIRECTOR		Cle	ear S	pring.		REC'D. BY REGISTRAR 25% RE		
	(NEA 15, 4)	bor	ald E. Thor	npson Fu	neral F	lome.	Inc.	OCT	16 996	· · /mmass	ST. ST. ST.
		700		Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the Owner							

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00-222201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

3								REG. NO.			25
1. DECEASED NAM	NE FIRST		MIDDLE		LAST		20. DATE O	FDEATH MONTH	DAY	YEAR	26 HOUR .
	Deret	hy (N.M.N.)	- Fe	X			10	11	86	10 1
3. SEX		4. RACE			OF BIRTH		6 AGE (IN)	EARS LAST BIRTHDAY)		ERIYEAR	IF UNDER 24 H
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SUAL RESIDENC		OR OTHER INSTITUTION			-		1				
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WAS DECEASI	ED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SI	ECURITY NO.	17 INFOR	MANT		ADDRESS			
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DT.	sbotes	Mell	itus	Chu	onic	verse	a de	resse			
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21a. ACCIDEN				1			YES 🗆	NOF	YES	CAUSES	OF DEATH?
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00.0004704011	ING CADE OF D	110110 4	M. MONTH	DAY YEAR		1	LINIER AN	TOTE OF HAZORT IN TEM	J PART I OR	**************************************	
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226 SIGNAT	URE	2 1	1	1.	DEGREE				22	C. DATE	
1111	MIN	melou	1	MI		PHYSICIAN *	MEDICAL MEDICAL	STAFF PHYSICIAN		10-	11-8
124 MHYSIC	AN'S NAME (110	Offest)		, , , ,	22e ADDI		7				
BURIAL, CREN	ATION, REMOVA					RCREMATORY	234 LOC	ATION OR TOWN	COUN		STATE
(SPECIFY) Bus	cial	Det.14,	1986	Rest Ha	ven C	matery	Hara	rstown. W	i ch	M	STATE

DHMH - 16 60M 7/84

Davis Funeral Home, Salthsburg, Md., 21783 (VRA 15, 4)

Pry Hagerstown, Wash., Md.

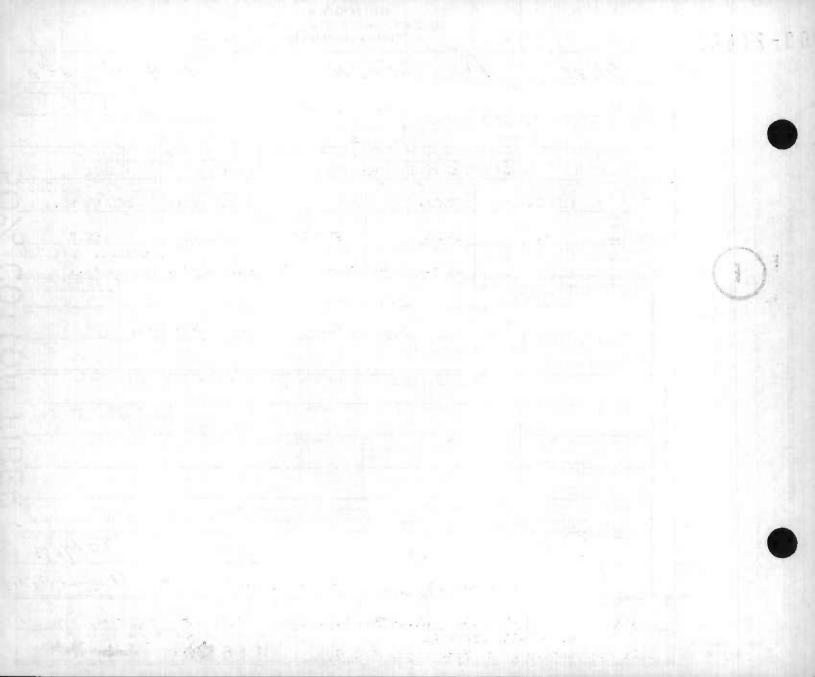
750. DATE REC'D BY REGISTRAR 756. REGISTRAR'S SIGNATURE

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0790	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE B REGINO 3	0021
y be deoth	1 DECEASED NAME (TYPE OR PRINT)	Alicenda	Grove_	2a DATE OF DEATH MONTH DAY	186 12:5M
4 may	FEMALE	1 RACE	5. DATE OF BIRTH MONTH DAY YEAR 10 22 07	6. AGE (IN YEARS LA THEMATI	HOLE EAST HOUSE MAN
- H 35	Maryland	USA	MARRIED NEVER MARRIED	Washington	MD.
1 31 9/	Hagerstown	(# NOT IN SUCH FACILITY, GIVE STREE Western Maryla	nd Center		126 KIND OF BUSINESS OR INDUSTRY Shoe
11 B4	MD 130	HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE COUNTY 13. CITY OR TOV HAGERS	YES NO [13e.STREET ADDRESS / ZIP CODE Walnut Towers	s 21740
ompletel and 2	14 FATHER'S NAME FIRST Harry	MIDDLE Shupp		MIDDLE	Trumpower
be execu	(YES NO OR UNKNOWN)	U.S. ARMED FORCES? 166 SOCIAL SEC IF YES, GIVE WAR OR DATES) 214-09-		Hammond, Hagers	
prtificate g physici an paper emoval.		Enter only one couse per line for (a), (b), (CAUSED BY: MEDIATE CAUSE (a)	Vic Carcin	oma foris	BETWEEN ONSET AND DEATH
that the death ce by the attending cose remove corb of, cremation, or r	Conditions, if ony, w gove rise to immed couse (o), stating underlying couse	liote	dometrial	cancer	years
requires : en signed Then ple injury, a		ICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION GIVEN	IN PART 10
The law ran. I has been it permit if	190. DATE OF OPERATIO	196 CONDITION FOR WHICE	HOPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, V IN CERTIFYIF	VERE FINDINGS USED NG CAUSES OF DEATH?
ig physici ig physici certificate rial-transi ental Hygi	OR CONTRIBUTING CALL	SE OF DEATH HOUR A.M. MONTH	PAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)
offer this os the bu	CIF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED WHILE AT WORK AT WORK	LAT HOME STREET EACTORY OFFICE	FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDII ospitol or CTOR. A 3 for use of Heali	sow the deceased obove, (1) (www.) (did)	is hospital) attended the deceased from, olive on19 I (shorp) view the body after death.	ond that in (my) (XXX opinion	, to 19 deoth occurred on the date and hour o	nd from the couses stated
TAL OR yy the hore RAL DIRE detached tote Depth Int.	22b. SIGN HIT	to Malur		MEDICAL STAFF DIRECTOR PHYSICIAN	120 DATE SIGNED
O HOSPITA TO FUNER Should be d with the Sto	Flore C.	Ta P. Palomo	1560 lens	ylvanji Ane H	Gentrum MD
BP	230 BURIAL, CREMATION, REA	Oct. 10, 1986	Rose Hill Cemetery	Hagerstown, W	
DHMH - 16 60M 7/84 (VRA 15, 4)	ALA MAE	MINNICH FUNERAL on Blvd., Hagerston	40-	TE REC'D. BY REGISTRAR 256 REGISTRA	K 5 SIGNATURE

STATE OF MARYLAND

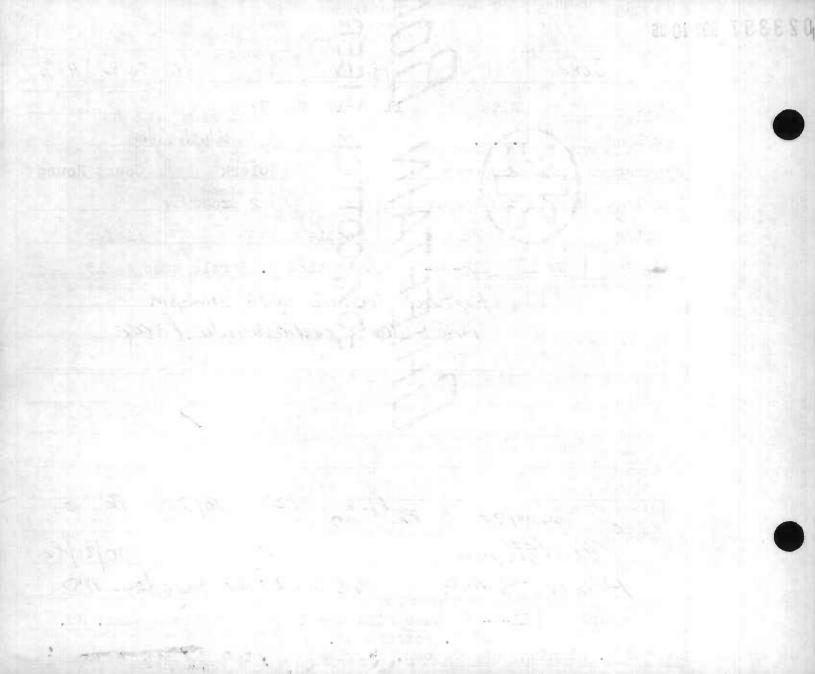
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10 - y	(1777)	Ŀ	REGISTRAR			CATE OF DEATH	REG. NO.	0 0 % %
	m .c		CEASED NAME FIRST OR PRINT)	MIDDLE	U	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	be oge 3 deoth		FRAN		Guy		10/1	19/86 5:54PM
	mo ter o	3 SEX		4. RACE	5. DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	ge 4		MALE	CAUC	03	18 16	70 YRS.	
	Po Pour		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
	والمالية والمالية		arvland	II.S A	WIDOWE			MD.
	er of		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	NURSING HOME O	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR
10	s of		AGERSTOWN	WASHINGTON	U COUNT	Y HOSPITAL	Sales Manage	E Kitchens
212	hour H. H.	13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE NTY	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP COD	DE .
N N	fille ould	1	no. WA:	SH. HAGE	RSTOWN	YES NO	1310 WOODLAND	
RYL/	athir		THER'S NAME	MIDDLE LA	AST	15 MOTHER'S MAIDEN N	AME	TZAL
WA	2 25				ances	Ethel	Elmer	Riggs
RE,	d co		VAS DECEASED EVER IN U.S. AF		L SECURITY NO.	17 INFORMANT	ADDRESS	-00
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BALTIMORE	sicio spers vol.		18 CAUSE OF DEATH (Enter or	nly one couse per line for (o),	ond icin	/		BETWEEN ONSET AND DEATH
17	ntific an po emov		PART I. DEATH WAS CAUSE IMMEDIA	ED BY: TE CAUSE (o)	65 d16	c GMST		
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3	thot d by eose ol, cr r oth		underlying couse lost	(c)				
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AL RECORDS	requery the surface of the surface o	CERTIFICATION						
ECC	low is be price only	ICA	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
AL.	The Cion.	RTIE						res NO
<u> </u>	AN: The physical fricate from sit Hygin		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	216. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
ō	Sicial plant properties of the plant properties of the plant properties of the plant	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19			
DIVISION OF VIT	PHY tending the build wind w	WED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
No.	NG reter of the orke		AT WORK NOT WHILE			11-0	11/20	- No
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	ATTI SSPit SCTC d for t of m 21			view the body ofter death			n death occurred on the date and ha	
	OR DEP	1	22b. SIGNATURE	1011-		DEGREE ATTENDING	MEDICAL STAFF	22c DATE SIGNED
	· · ·		22d. PHYSICIAN'S NAME (TYPE)	200 11/2			DIRECTOR PHYSICIAN	10/2906
	HOSPITAL ned by il FUNERAL Jid be der the Store		220. PHISICIAN S NAME (TYPE	NV/12		11 100 KH	112 11 1	MN 21240
	TO HOSPITA etoined by TO FUNERA should be de with the Stot		19/11/2011	1.1x2 /40		1101004N	11/41 Nax esyon	21.4.3 41.40
		23a. B	URIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	BP	24.51	Burial	10-22-86	Rest. H			
	DHMH - 16 60M 7/84	74 FL	UNERAL DIRECTOR	305 N	Potom	ac St. 250. D	BY BEGIS	STRAR'S SIGNATURE
	(VRA 15, 4)	G	erald N. Min	nich Hager	stown.	Maryland 1	8	

10/20/02

Mary Town And Care

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME William MONTH TYPE OR PRINT! 6 AGE (IN YEARS LAST BIRTHOAY SEX 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Washington USA Maryland WIDOWED DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE Washington County Hospital Hagerstown coin service owner 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 136 COUNTY 118 S. Mulberry Washington 21740 Maryland Hagerstown 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Edgar Blanche R. Hartle John Harbaugh ADDRESS 166 SOCIAL SECURITY NO. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-09-9553 Myrtle L. Harbaugh, Hagerstown, Md. no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M LIFEITHER NOTIFY MEDICAL EXAMINER 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE (this hospital) ottended the deceased from and that in (my) (our) opinion death occurred on the date and hou and from the courses stated DEGREE 22c. DATE SIGNED MEDICAL STAFF ATTENDING \ 736 NAME OF CEMETERY OR CREMATORY buria1 Oct.20,1986 Rose Hill Cemetery Hagerstown, Wash., Maryland BP. 24 FUNERAL DIRECTMINNICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Wilson Blvd., Hagerstown, Md. 21740 (VRA 15, 4)

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MIDDLE

FOR

1. DECEASED NAME

REGISTRAR

FIRST

- STATE

13e STREET ADDRESS / ZIP CODE 11 S. Walnut Street Campbell **ADDRESS** _Md. 21228 Catonsville, Harold B. Hemphill 103 Glenrae Dr. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NOF 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) apinion death occurred an the date and have and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OR TOWN 10-15-86 Cedar Lawn Mem. Hagerstown Wash. Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE 305 Nam PotomacStreet DHMH - 16 60M 7/84 (VRA 15, 4) Minnich Hagerstown, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR 235

126 KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER I YEAR

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20 DATE OF DEATH

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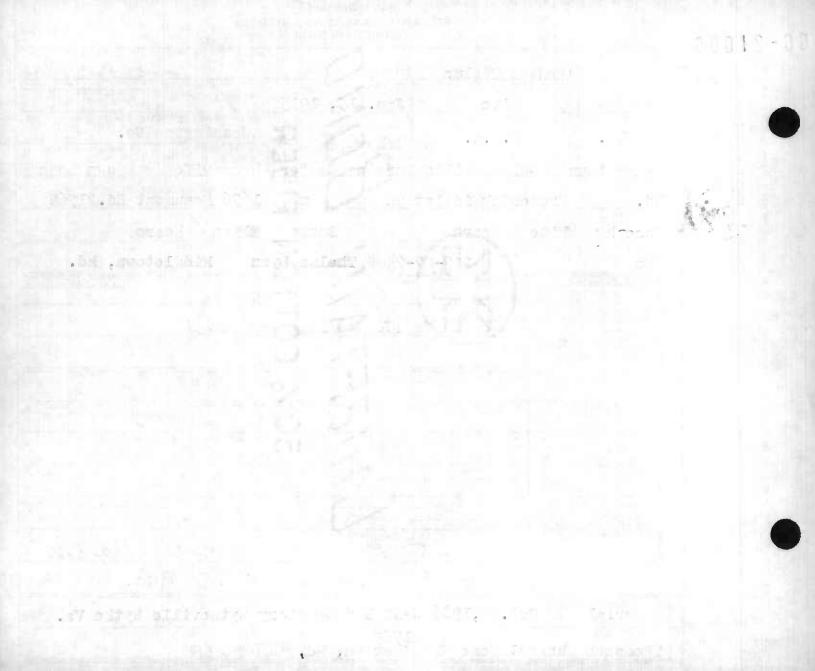
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2a. DATE OF DEATH DECEASED NAME MONTH TYPE OF PRINTS 2245 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. 5EX S. DATE OF BIRTH YEAR BALTIMORE CITY OR COUNTY OF DEATH LISTARE GREENWARM OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED [120 USUAL OCCUPATION 12h, KIND OF BUSINESS OR (DED BY) PRINCE A WORKING LIFE) 130 STREET ADDRESS / ZIP CODE reencastle MARIA 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO ORLUNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY mouch IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF hunde metastatic Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO adenolaremona 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 1% DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from au 1986 _, and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF 10-17-86 PHYSICIAN DIRECTOR PHYSICIAN 57 21740 24 FUNERAL DIRECTOR DHMH # 16 60M 7/84 (VRA 15, 4)



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	AL OR AT. Y the hospital DIRECT AL DIRECT detoched for one Dept. on	Y	sow the deceased alive on above, (I) Negation (did not) vin	ew the body alter death. P. MD		DEGREE	MEDICAL STAFF	All last	22c. DATE SIGNED
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	BP DHMH - 16 50M 1/B1	24 FL	urial]	10-10-86 Ro	se Hi	EMETERY OR CREMATORY 11 Cemetery 250 Date	REC'D. BY REGISTRAR 25	, Washi	ngton Co, Md.
	(VRA 15, 4)	A.	KK.Coffman Funera	al Home, Inc., I	lagers	town, Md. UC	T 1 5 1986		The state of the s

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-22032 - STATE CERTIFICATE OF DEATH REG. NO REGISTRAR 2a. DATE OF DEATH L DECEASED NAME MONTH YEAR 2h HOUR TYPE OR PRINT) Choron Jenuina & 10 20 86 Wilmer 4 RACE 5. DATE OF BIRTH & AGE MIN YEARS LAST BIRTHDAY IF UNDER I YEAR F UNDER 24 HR White January 25, 1908 Male To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. Washington Maryland WIDOWED 18 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFE! Brownsville Brownsville Carpenter Maitenance Brownsvill 13e STREET ADDRESS / ZIP CODE Washington Maryland Brownsville, Maryland 21715 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Clinton Wilbur Jennings Josephine 166 SOCIAL SECURITY NO. 215- 14- 2084 Gerald L. Jennings Brownsville, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Concisona al Louis IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NITECUOSE LEVEDTIL 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV NO I 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDIC AL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC 1 NOT WHILE 220 | certify that (1) (this haspital) attended the deceased from. sow the deceased alive on above, (1) (wa) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL 10-20-86 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 645 E. First St., Hagerstown, Md. J. H. Hornbaker, Jr. M. D. 231 NANSHOF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b DATE 23d LOCATION 1986 Episcopal Cemetery Burial October 23 Brownsville Wash. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURES DHMH - 16 60M 7/84 Bast Jr. Rt. 4 Box 7 Boonsboro, Maryland (VRA 15, 4)

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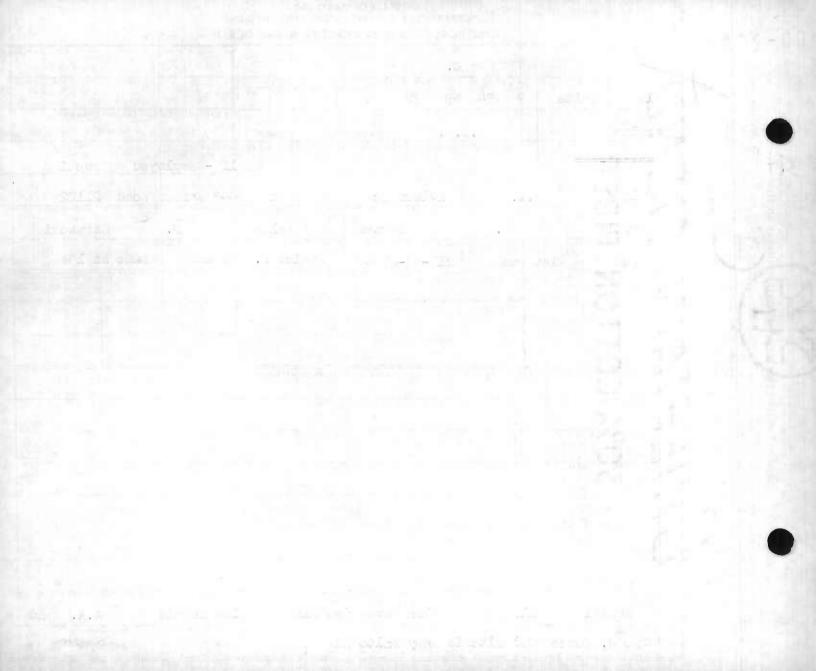
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MORE, A		D EVER IN U.S. ARM OWN) IIF YES, GIVE N/A	WAR OR DATES)	166 SOCIAL SECUI 213-60-7		7 INFORMADIS	xxxx			Catoct	in Furn. Thurmont
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BP	BURIAL	ATION, REMOVAL	9/29/	86 Ger		wn BethelCo		ascade	Frede	rick	MD
DHMH - 16 60M 7/84 (VRA 15, 4)		ossumtown			c, MD	0.5	-	BY REGISTRAR	256 REGISTRA	R'S SIGNATU	RE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR DECEASED NAME 20. DATE KNOWN CIAY 7h HOUR (TYPE OR PRINT) OF ESTI-C. 29 86 RAYMOND KRENZER 10 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 12;30 AM Male White DEAD 7a. BIRTHPLACE (STATE OR 7b. GITIZEN OF WHAT COUNTRY? **9 BALTIMORE CITY OR COUNTY OF DEATH** MARRIED TO NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. WIDOWED DIVORCED Washington County CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS OR INDUSTRY Self - Employed Rt. 48 west of Hancock Trucking UAL RESIDENCE LIF IN NURSING TOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 1131 COUNTY 13a. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 8443 Garden Road Riviera Bch Maryland A.A. NO K 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Helen Curtis R. Garwacki Krenzer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 216-48-8734 Janice J. Krenzer Same as 13e Yes Viet Nam 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Blunt injuries to neck DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTHWORE, MARYLAND, 21201 PRIOR TO BURLAND YES X NO 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR AND MONTH DAY YEAR UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH 11:10 10-29-19 86 Driver of tractor trailer which lost control 21e PLACE OF INJURY (AT HOME 216 INJURY OCCURRED 211 LOCATION CHYORIOWN & overturned. STREET, FACTORY, FARM, ETC.) WHILE AT WORK Washington, road Rt. 48 west of Hancock MD 22a I certify that I took charge of the remains described above, held an Inspection Accident X death resulted from Undetermined manner TITLE (SPECIFY) ACTUAL 10-30-86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR' STATE 11/3/86 Glen Burnie Burial Glen Haven Mem Park Md 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** George J. Gonce 4001 Ritchie Hgwy Balto Md : Levelani Bondam (VR A15 ME (5))



		500			OF MARYLAND		
22382	1	FOR - STATE REGISTRAR	DEP		EALTH AND MENTAL H	TGIENE S PREG. NO.	3000
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nerol di) Bi	gungpring, MD	U.S.A.	TRY? 8 MARRIE WIDOWE	D NEVER MARRIED !	Washing ton	INTY OF DEATH
s ofter of by the fulled with	H	agerstown,	II. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE! Washing ton	CO. H	ospital	120 USUAL OCCUPATION (DYPE OF WORK FOR MOST OF WORK HOUSEWITE	I26 KIND OF BUSINESS (INDUSTRY
o 24 hou		AL RESIDENCE (IF NURSING HOME OF STAME)	ash. Give residence	POOL	134 INSIDE CITY LIMITS	Rt. 1 Box 2	Big Pool,MD
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Popular Popular	160	WAS DECEASED EVER IN U.S. AF		SECURITY NO. 19-0971		G. Leaverre 27 Big Pool	. MD. 21711
equires that the deal is signed by the otter then please remove to buriol, cremation niury, or other troun	NOI	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING		NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	N GIVEN IN PART Ito
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TAL OR ATTENCY y the hospitol of RAL DIRECTOR: detoched for uss tote Dept of Hee NI; if hem 21 is n		220 I certify that (1) (this hosp saw the decease, alive or above, (1) (we) (die) (did no 22b. SIGN	1/ . 1/	19 86,01	DEGREE	on death occurred on the date and	224 DATE SIGNED
TO HOSPITAL TO FUNERAL Should be deto with the State (IMPORTAN); if		THE PHYSICIAN NAME (PIPE	IN SILAD AN		220 ADDRESS SOF	IN Olgor and	Hag wither
BP	23e.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	10-29-86	23c. NAME OF C	EMETERY OR CREMATOR	nar 101 oon Coord	Wash. MD'."
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERALDIRECTOR	PSON FUNERAL	008-7-6	WIL OCHICIACE	RECDI BY REGISTRALITA RES	HE RAR'S SIGNATURE

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Hagerstown, Md.

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24 FUNERAL DIRECTOR

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Jones H. Samer E. Stoonbowe, Mar. 21713

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate rescent and the many part of the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competed for use as the build-triansit permit. Then please remove carbon popers, and the desired for use as the build-triansit permit. Then please remove carbon popers. Permit and sould be detailed within 72 hours offer death with the Stare Dept of Health and Merrial Hygere prior to burial, cremation, or removal.
IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic event, the impairal executes must be regimed as across

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

86-30037

	1 -	FOR - STATE REGISTRAR		DEPARTN			ID MENTAL HYG F DEATH	GIENE	86-		3/		
		CEASED NAME FRST OR PRINTS Elizab		Ebv		Gree	ror	2a. DATE	OF DEATH		DAY YEAR	26 HOUR	
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1		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	VHAT COUNTRY?	8. MARRIE	□ NEV	ER MARRIED	9. BALTIN	NORE CITY O	R COUNTY	OF DEATH		
5	Ma	arvland	U.S.	A.	WIDOWE		DIVORCED [Was	shing	ton C	lounty		MD.
1		ITY OR TOWN OF DEATH	(IF NOT IN SUCI	OSPITAL, NURSIN	ADDRESS)			120. USUA	AL OCCUPATI	ON	126 KIND C INDUSTRY	F BUSINES	5 OR
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	E	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	D BY:			1.00	16	00	.00			MATE INTERVA	AL
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	2.3	22a I certify that (I) (this hasp	ital) attended the	deceased fram_			. 19	, to		,	19	that (1) (we	e) last
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			al, M.D.				5 Howell			stown	n, MD 2:	1740	
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 00 - 20071REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH YEAR 2h HOUR (TYPE OR PRINT) aura 9915 IF UNDER 24 HRS IF UNDER 1 YEAR 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH 99 To. BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Waryland WIDOWED DIVORCED T 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR FTYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) RWINC Seamstress lashington County USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO 13a STATE 136 COUNTYS NI NO TO 136 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Mariner FIRST Clarence Dryden Della Ma WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 1129 Plantation Drive 166 SOCIAL SECURITY NO IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WachterMyrtle Beach, S.C. 18 CAUSE OF DEATH (Enter only one couse per line, for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ICATI 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CERTIF NO YES [NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a. | certify that (1) this hospital) attended the deceased from and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS MPORT 100 ceti Westminster Cemetery 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION COUNTY STATE Westminster Carroll 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE NERAL DIRECTOR D. Fletcher Main Street DHMH - 16 60M 7/B4 & Son F.H - John Holly and Congression (VRA 15, 4)

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Davis Funeral Hene, Smithsburg, Md., 21783

27b DA

23a BURIAL CREMATION, REMOVAL

Burial

24 FUNERAL DIREC

231 NAME OF CEMETERY OR CREMATORY

Smithsburg Cemetery

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Smithsburg, Wash.

COUNTY

22r. DATE SIGNED

STATE

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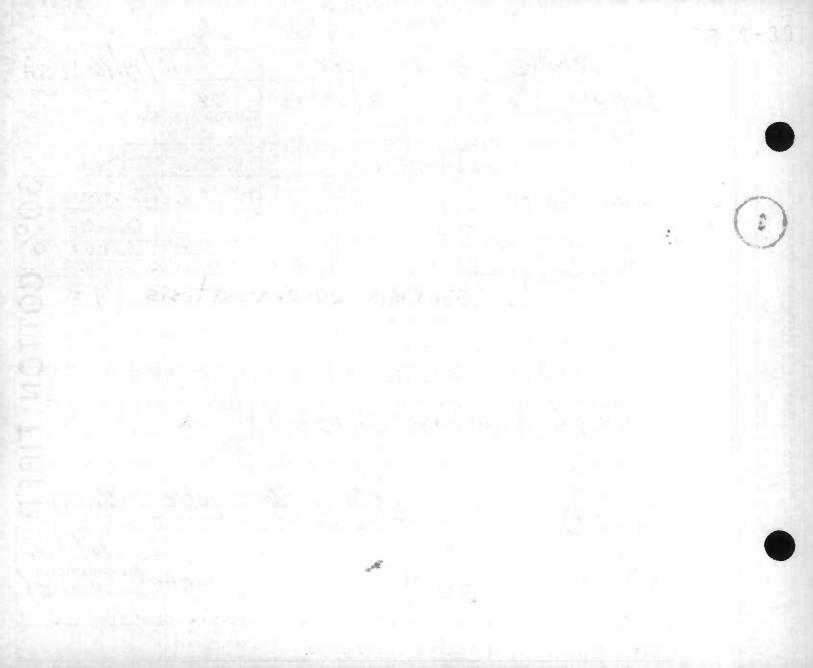
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	5 to 5 do	3 ₹		URIAL, CREMATION,	REMOVAL	23b. DATE	23c. I	NAME OF C	EMETERY OF	CREMATORY	236 LOCATION			
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	DHMH - 16	AOAA 7/84	24 FL	NERAL DIRECTOR						250 DATE	REC'D BY REGISTRA	250年7月		
	(VRA 1		Ma	jor M. Osbo	orne	Will	iamsport	,MD217	795	00	151 1990	0		

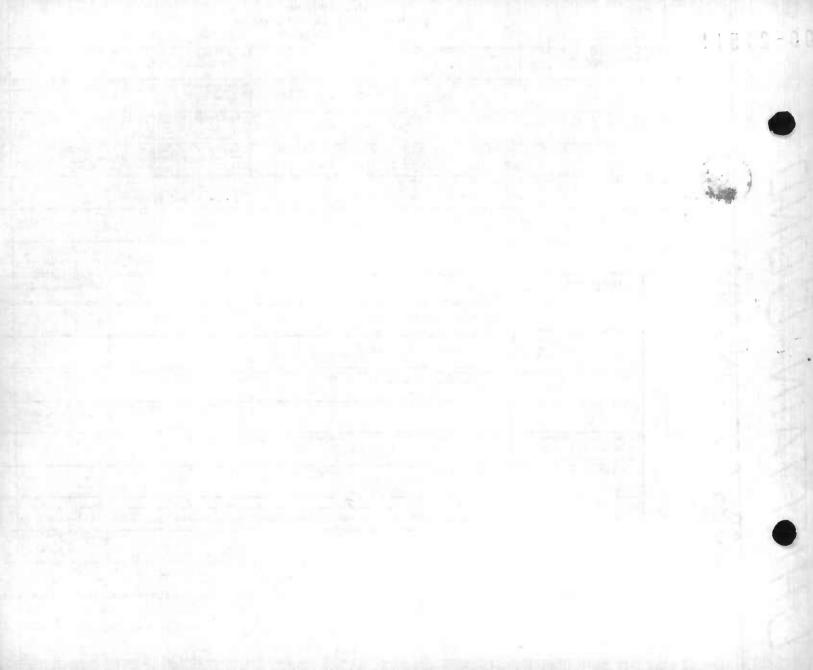
7			OF MARYLAND		
00-21507	FOR STATE REGISTRAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE O D S	0 0 4 1
noy be	1. DECEASED NAME PIRST (TYPE OR PRINT)	18 B. McKI	ULE'Y		4/86 8:50AM
ige 4 mai	3. SEX female	Caucasian S. DATE C	PERTH ZOT / Z	6 AGE (IN YEARS LAST BIRTHDAY) YRS	MONTHS DAYS HOURS MIN.
merol di	Pa. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Hancock	U.S.A. 8 MARRIE WIDOWE	NEVER MARRIED	BALTIMORE CITY OR COUNTY WASHINGTON	OF DEATH MD.
by the full with	10 CITY OR TOWN OF DEATH Hancock	11. NAME OF HOSPITAL, NURSING HOME C (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) 117 Pennsylvania Ave		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII HOMEMAKEY	12b. KIND OF BUSINESS OR INDUSTRY HOME
135			13d INSIDE CITY LIMITS? YES 📉 NO 🗌	13. STREET ADDRESS / ZIP CODE	21750
13/80	14 FATHER'S NAME PIRST Jacob	Younker	Jane		hoemakêr
be exe	160 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECURITY NO. 213-10-5633	Marilynn M.	Mellott Exline R	ox 120-A d. Hancock Md.
4DS, 201 W. PRESTON ST., B equires that the death certifical signed by the attending phys. Then pleose remave carbonpal to burial, cremation, or remavaniury, or ather troumatic event.	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT		INAL DISEASE OR CONDITION GIV	BETWEEN ONSET AND DEATH WEN IN PART TO
VITAL RECOI	190 DATE OF OPERATION 190 DATE OF OPERATION	21b. TIME OF INJURY	inomatoris.	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S NO NO
DIVISION OF VITAL RECORDS, ATTENDING PHYSICIAN: The law requir signital as attending physician. ECTOR, After this certificate has been sig d for use as the burial-transit permit Then it, of Health and Mirital Hygis is privat to b m 21 is marked as item in a layer.	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a certify that () (this, hosp	21e PLACE OF INJURY (ATHOME STREET, FACTORY, OFFICE, FARM, ETC.) point(a) oftended the deceased from the process of the proce	211 LOCATION STREET 19 10 d that in (my) (our) opinion of	city ORTOWN to	COUNTY STATE 19 (1) (we) lost is and from the couses stated
by the hy RAL DIRE detache store Dep	774 PHYSICIAN'S NAME (1796	R. Charley	12 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	10/14/80 tagerstay
TO HOSP retorned 1 TO FUNE should be with the 3	230 BURIAL, CREMATION, REMOVAL	L 123b, DATE HAME OF C	3635.C	1234 LOCATION	mary kind
ВР	Burial	1 2	as Episcopal	Hancock Washi	ngton Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)	Grove Funeral Ho	ome 141 W Main St. Han		E REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE



	1				STATE	OF MARYLAND			
	h	FOR - STATE		DEPARTM		ALTH AND MENTAL HYC	GIENE Z O	3 0	0 4 2
21401		REGISTRAR			CERTIFIC	ATE OF DEATH	REG. N	0.	
21701		11	FIRST Louis	MDDIE .	LAS		20. DATE OF DEATH	MONTH DAY YE	AR 2b. HOUR
moy be page 3	1	Ne	ellie L	- N	ncla	ughlin	10-1	1-86	142
no)	3.5		4 RACE		5. DATE OF		6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HR
ge 4	f	emale	white		May 30), 1905 YEAR	81	YRS.	DATS HOURS MI
Pod 1	70	BIRTHPLACE (STATE OR FORE	EIGN 76 CITIZEN OF	WHAT COUNTRY?	8	□ NEVER MARRIED □	9 BALTIMORE CITY O	R COUNTY OF DEAT	rH .
# 3/2 F	5	Maryland	USA		WIDOWED		Washin	gton	_
b the	3 10	CITY OR TOWN OF DEATH		HOSPITAL, NURSING	G HOME OR	OTHER INSTITUTION	12a USUAL OCCUPATI	ION 12b. KIN	ND OF BUSINESS C
to to	7	Hagerstown	Washing	cheacility, give street a	ADDRESS)	oital	housewife		TRY
in b	US	UAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				
old led			lashington	Hagersto		3d INSIDE CITY LIMITS? YES YES NO □	13e.STREET ADDRESS	tomac St.	21740
- S - S	1000	FATHER'S NAME	asiiington	Thageraco		5. MOTHER'S MAIDEN NA		comac se.	21/40
o Set	/	John We	MIDDLE	Bowman		Emma	M.	Seiber	LAST
E 0 18	160	WAS DECEASED EVER IN	sley Avey	16b SOCIAL SECUR	DITY NO 1	7 INFORMANT	ADDRE		L
nd ges	1	[YES, NO OR UNKNOWN)	IF YES, GIVE WAR OR DATES)	214-09-12		Susan M. Ha			
	1 =	no	Enter only one couse pe C AUSED BY.	1		busan n. na	Incs, naver		PPROXIMATE INTERVAL WEEN ONSET AND DEAT
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hos been a permit. The ene prior to	CERTIFICATION	19a DATE OF OPERATIO	N 196 COND	OITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FILL IN CERTIFYING CALL	
VS COTE COTE OF SENT O	5 8	710. ACCIDENT WAS UNDERL				21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PAR	RT 2)
p ph	1 3	OR CONTRIBUTING CAU	OF DEATH	.M. MONTH DA .M.	19				
ding con the control of the control	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY		III. LOCATION	CITY OR TO	WN COUNT	TY STATE
er the	2	WHILE NOT WHILE	[AT HOME, ST	REET, FACTORY, OFFICE, FA	ARM ETC)	PINEEL	CITORIO	WN	STATE
Se o se o mo		220.1 certify that (1) (th		ne deceased from		. 19	to	. 19	, that (1) (we) la
ortal or u			olive on) (did not) view the body			that in (my) (aur) opinion			
RECT RECT red fo		The Signal of) (did nat) view the body	otter death.	DE	GREE		22c. E	DATE SIGNED
the h		Made	IN M	rens	m	ATTENDING	MEDICAL STAI		11/12
FUNERA FUNERA JId be de or the Stat	7	224 PHYSICIAN'S NAM	E (TYPE OR PRINT)			22e ADDRESS	DIRECTOR PHYSIC	IAN	11/14
O HOSPITA		And.	row 1	Gunn					
of of MAN	230	BURIAL, CREMATION, RE	MOVAL 736 DATE	122, N	IAME OF CEA	METERY OR CREMATORY	1236 LOCATION		
BP		(SPECIFY)				rg Crematory		rg, Wash.,	Maryland
Dr		FUNERAL DIRECTORNNI					TE REC'D. BY REGISTRAR		
DHMH - 16 60M 7/84		15 E. Wilson			Md. 2		# C 4000	Le: Kinde	Dandella
(VRA 15, 4)	1 -	LID TO MITTOR	I DIVU., IId.	Persenwir,	IId. Z.	T/ TO		THE PERSON NAMED IN	

Marin Pagerardie (Millionger Colle Land grave short

00-21511		FOR STATE REGISTRAR			CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	S O REG. N	.30	U 4 3
3 25 %		CEASED NAME FIRST OR PRINT) Willia	ım	T.	McMa	anus	August 2	23, 1986	YEAR 26 HOUR
pe 4 mo	3. SE	Male	White		5. DATE C	F BIRTH 18, DA 1918 YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNI	DER I YEAR OF UNDER 24 HRS DAYS HOURS MIN.
- 12 S. 22 P. 22 P		RTHPLACE ISTATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	DE NEVER MARRIED DE DIVORCED	Washington	-	DEATH MD.
- CAZ	H	gerstown	Washir	gton Coun	ty Ho	ROTHER INSTITUTION Spital	126 USUAL OCCUPATE HTYPE OF WORK FOR MOST O Engineer		kind of Business or Dusiness or Treraft
	-	AL RESIDENCE (IF NURSING HOME STATE 130 COL WV MORE	N OTHER INSTITUTION	Great Ca	apmission	120 110	PSTREET ADDRESS	297	99999
12 /3/3.	الميلوا ا	John	MIDDLE	McMarius		IS MOTHER'S MAIDEN NAM	Jane	C	offmän
MORE, A	16a V	VAS DECEASED EVER IN U.S. A res, no or unknown) (16 yes. gr	RMED FORCES? VE WAR OR DATES)	214-09-4		17. INFORMANT Barbara Stot	addre cler, Great		, WV 25422
T. BALT	- 8	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse pe ED BY: (TE CAUSE (a)	r line for 101, (b), one	(c).)	anest			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the death ce the attending remove carb remation or in		Conditions, if any, which gave rise to immediate couse (a), stating the	DUE TO, C	DR AS A CONSEQUE		troke neumonia			
RDS, 301 V equires that a signed by Their please injury, or all	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS C		EATH BUT		NAL DISEASE OR CON	DITION GIVEN IN	PART I(a)
AL RECORDS	CERTIFICATION	190. DATE OF OPERATION	19b. CONE	PITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?
VISION OF VITAL G PHYSICIAN The Ifferding physicia or this certificate the the buriol from it ond Montal Hygie ked or from 18 sho	110,000	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	ATH HOUR A	OF INJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 38, PART 1 C	IR PART 2)
MVISKON MATERIAL MATERIAL MATERIAL MATERIAL	MEDICAL	21d. INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN CC	DUNTY STATE
CCTOR A CCTOR	1	22a.1 certify that (1) (this hosp saw the deceased alive a obove, (1) (we) (did) (did n	8/2	19_		d that in (my) (our) opinion d	eath occurred an the do		
RALDING STATE OF NOTE THE STATE OF NOTE THE DEP		27b. SIGNATURE	llel 1	lu	/ /		MEDICAL STAP	F	10/13/86
O HOSPITA CO FUNERA TO FUNERA Phould be di WAPORTANT		27d. PHYSICIAN'S NAME (TYPE	ULCAH	+ ICHAI	V			que. H,	4G. MD 21740
999999	(5	URIAL, CREMATION, REMOVAL PECIFY) Burial	23b. DATE 8/26/8	6 Gr	eat C	ecapon Cemeter	9		
(VR A 15 (4))	He	lstey-Johnson	F. Home	306 Unio Ferkeley	n Str Sprin	eet g254WY OCT	2 0 1986		SIGNATURE



STATE OF MARYLAND

1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL	HYGIENE	O REG. NO	3	3 0	4 4
	CEASED NAME OR PRINT)	PIRST	Irene *	NIDDLE	nin	ER,	20 DATE O	Octo	ber 1	5 1986	
3. SE)		4.	RACE		5 DATE C		6. AGE (IN	YEARS LAST BIRTH		FUNDER I YEAR	HOURS MIN.
f	emale		white		Octo				YRS.		
(RTHPLACE (STATE OR FOUNTRY) 1 ryland	OREIGN 71	CITIZEN OF V	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	X W	ashing		OF DEATH	м
	rerstown of DEA	TH 1	HE NOT IN SUCH	ospital, nursing the facility, give street a gron Cour	ADDRESS)	or other institution	(TYPE OF WO	OCCUPATION FOR MOST OF Tress		INDUSTRY	of BUSINESS OF pital
13a S	RESIDENCE (# NURSI TATE Lryland	136 COUNT Washi	Υ	GIVE RESIDENCE BEFORE 13c CITY OR TOWI Hagersto	N	13d INSIDECITY LIMIT	13e.STREET	ADDRESS / 5 Indi	zip code Lana A	venue	1742
14 FA	THER'S NAME Walter	W.	DDIE M	liner		Sarah		1en		Mart	
	AS DECEASED EVER ES, NO OR UNKNOWN) 10		ED FORCES?	166 SOCIAL SECUI 202-20-24		Mr. G. Sco	ott Miner	, Hage		n, Md.	
	18 CAUSE OF DEATH W PART I. DEATH W Conditions, if any, gove rise to immeduse (a), statin underlying cause	MAS CAUSED IMMEDIATE which nediate g the	BY: CAUSE (a) C DUE TO, OF	AR CINOMA	NCE OF	CHACINGAR		PASES		4	MADE INTERVAL ONSET AND DEATH MONTHS
NOI	PART 2. OTHER SIGN		ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	TERMINAL DISEA	SE OR COND	ITION GIVE	N IN PART 1	a
CERTIFICATION	JUNE 19			TION FOR WHICH		N WAS PERFORMED	200 AUT	OPSY?		WERE FINDING CAUSES	
	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH DA	Y YEAR	21¢ HOW INJURY O	CCURRED (ENTER N	ATURE OF INJURY	Y IN ITEM 18 PAI	RT I OR PART 2}	
MEDICAL	21d INJURY OCCURE	INE (21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
	22a I certify that (1) saw the decease abave, (1) (ver)	dalive on	OCTOSE	1 15 19 6		nd that in (m) (aur) ap		ed an the dat			that ((we) locauses stated
	226. SIGNATURE	ah			My	DEGREE ATTENDI PHYSICI	NG MEDICAL AN DIRECTOR			220 DATE	SIGNED

224. PHYSICIAN'S NAME (TYPE OF PRINT)

buria1

Ringgold Cemetery

220 ADDRESS 339 E. ANTIETAM ST

COHEN, M.D. 23a BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN
Ringgold,

Maryland

TO FUNERAL DIRECTOR. should be detached for with the State Dept of MPORTANT: If he

MINNICH FUNERAL HOME 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 415 E. Wilson Blvd., Hagerstown, Md. 21740

Oct.19,1986

(VRA 15, 4)

and Mental Hygiene prior to burial,

+	I Ttem 11 per Phone - N.E. STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
00-22219	1- STATE /0/28/86 DIFD MEDICAL EXAMINER'S CERTIFICATE OF DEATH) REGISTRO.	ed the aid
00 222.0	1. DECEASED NAME FIRST MIDDLE LAST 1. DECEASED NAME FIRST MIDDLE 20. DATE KNOWN MANIMAL MIDDLE 1. DECEASED NAME FIRST MIDLE	DAY YEAR 76. HOUR
PLEASE PCTOR P PLES STREET	14 RACE IS DATE OF BIRTH I6. AGE (IN YEARS I IF UNDER 1 YR. IIF UNDER 24 HRS. 26. DATE MONTH	DAY YEAR 2d HOUR
OUR PERSONS PA	MONTH DAY YEAR JAST BIRGHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD OCT	22 10 86 35 M
SEGNATION OF THE PROPERTY OF T	BRITHPLACE (STATE OR JACOUNTRY? 8 MARRIED NEVER MARRIED WASHING TO	N, CO. MD.
1999	CUEAR SPRING MD 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) ON THE CONSTRUCTION	176 KIND OF BUSINESS OR INDUSTRY
ANY OF THE PERSON OF THE PERSO	SUAL RESIDENCE (IF IN NUBSAN) HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. COUNTY 134. COUNTY 134. COUNTY 136. CITY OR TOWN 136. INSIDE (1TY LIMITS? 136. STREET ADDRESS 137. CITY OR TOWN 137. CITY OR TOWN 138. INSIDE (1TY LIMITS? 139. STREET ADDRESS 130. INSIDE (1TY LIMITS? 130. INSIDE (1TY LIMITS? 130. STREET ADDRESS 1	WEERS PA
MD. H. S.	14. FATHER'S NAME MIDNE LAST LAST MIDDLE MIDDLE MIDDLE	LAST,
T ONE P	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	ELIG
MALTIN ALATE SIVE PO MAGES VISION	(YES NO OF UNKNOWN) (IF YES, CIVE WAR OF DATES) 215-58-2171 FAMILY RECORD.	
WASHING IN	CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: PART I DEATH WAS CAUSED BY: PART I DEATH WAS CAUSE (a), E 925 E 18 CTVOC 110 N	BETWEEN ONSET AND DEATH
NOT THE PROPERTY OF THE PROPER	925 SWMEDIATE CAUSE (a) E12C1V3C C 176 W	209464
MITHIN MEN SANS PREM PREM PREM PREM PREM PREM PREM PREM	Conditions, if any, which gave rise to immediate (b)	
S. 201 W CUTED V CUTED V F IN PER L EXAM URIAL I HOM MEN	cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF (c)	
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CERTIFICATE SHIFTING THE WORLD THE CO. STANDILL BE SANDILL BE SAND	3 UNDERLYING CAUSE OF DEATH 3 P.M. OET 221996 While drilling STruck electr	ne cable
DIVISION THIS CERTIFIC WARRED TO PACE 35HOL PACE 25HOL	21d INJURY OCCURRED WHILE SINOT WHILE AT WORK	ASH MD
CERSING SALE	220 Leertify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my o	ipinian
XAAMU ERTIFFU WITH WARYD	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,	
######################################	ACTUAL SIGNATURE M.D. DEP MEDICAL EXAMINER SIGN	Oct 22 86
MEDICAL EXAMINER: ECUTE THE CERTIFICATE GE 4 SHOULD BE FOR THE PROBLEM DIRECTOR. THE PROBLEM THE	EXAMINER'S NAME HIN Weeks ADDRESS 530 NOVTHOM AV HADO	rston hed
a design	BURIAL OCT. 25,1986 MORECAND MEM, PARKULLE BY	STATE MA
DHMH - 17 (VR A15 ME (5))	EVANS CHAPEL OF MEMORIES ARKVILLE CT 2 4 1986	SIGNATURE
20M 4/B2		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN TYPE OR PRINT) OF ESTI-DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS DATE 69 VAC Feb. 18,1917 PRONOUNCED White Male DEAD YRS Th. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY MARRIED Y NEVER MARRIED Hagerstown, Md. U. S. A. 18 CITY OR TOWN OF DEATH TI. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Washington County Hospital Truck Driver Transportati Hagerstown USUAL RESIDENCE LIFTIN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA T3d. INSIDE CITY LIMITS? Washington Hagerstown 13. 49 Fairground Ave. 21740 Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Cross Lula Samuel May Moats 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 19 Fairground Ave Mrs. Madeline A. Moats, Hagerstown, Md. 214-09-8263 W. W. Two Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 20 AUTOPSY? YES [] ARDED TO THE CH GE 3 SHOULD BE U TE DEPARTMENT O 201 PRIOR TO BUR 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN 11EM 18 PART TOR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STA BAILTHORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted fram: Natural causes Accident Suicide Undetermined manner Hamicide SIGNATURE EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL Tilghmanton, Wash. Co., Md. 19- 20- 86 Manor Cemetery, Burial 07/84 25M Bast Funeral Home 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** John H. Bast, Jr. Boonsboro, Md. 21713 (VR A15 ME (5))

The second of the second of the second of Agretatown, M.A. C. S. A. the material country was little or country to a country t Call'IS .awa homorphis to a to a constant model and the constant See of asout the first

num. Lypnic less 19. 21- 25 emerces, Communes, Miledania, Oh., Acid. Co., Mile John H. Bret. Wr. Boeneborg, Nd. 21713 Striket

-22268

filled in by the funeral director, page 3 outdoor filed within 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 4	734	
8	0	
	REG. NO.	

- STATE REGISTRAR				CERTIF	ICATE OF DEATH		6. NO.	3	U	U	4
1 DECEASED NAM	FIRST		MIDDLE		AST	2a DATE OF DEAT	H MONTH	DAY	YEAR	26 HOL	JR
	JOHN	HART	WELL	MOO			tober	19	1986		05A
3 SEX		4 RACE		5. DATE O		6 AGE (IN YEARS LAS	1 BIRTHDAY)	MONTH	DER I YEAR	HOURS	R 24 HRS
Ma		White	2	Aug	. 7. 1893	93	YRS				
Ja BIRTHPLACE (S	TATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CIT					
Virgini	a ·	U.S	.A.	WIDOWE		Wash	ington	Cou	nty		MD
William	OF DEATH	11. NAME OF		T ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUI (1YPE OF WORK FOR ME Salesman		LIFE) IN	IDUSTRY	Heat ment	lng
USUAL RESIDENCE	(IF NURSING HOME C	OR OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)					qual p	1111	111
Virgini			Boyce	WN	136. INSIDE CITY LIMITS? YES NO 🔀	R. D. 2			/2	2626	1
FATHER'S NAME		MIDDLE	Moore 2	Jr.	15 MOTHER'S MAIDEN NA ERST Anne	ME	l E	C	abel	1	
WAS DECEASE		RMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	AL	DRESS R	D.	2 B	ox 1	611
No	JWN) (IF TES G	IAE MAKON DVIES!	134-05-	-8982	John E. McIn	tosh	Boyo			2262	
	F DEATH (Enter o	nly one couse pe	r line for (o), (b), o				100,31	I		IMATE INTE	
PART I. DE	ATH WAS CAUS	ED BY:	CALL		PVG > PIE				WON	143	
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190 DATE OF		5				YES NO	_/	YES [CAUSES	OF DEA	
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(IF EITHER NO 21d INJURY C	NOT WHILE		OF INJURY , REET, FACTORY, OEEICE.	FARM, ETC)	211. LOCATION STREET	CITY	OR TOWN	C	OUNTY	(STATE
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22a I certify	that (1) (this hasp		he deceased from.		. 19	deoth occurred on the	ne date and h	., 19 our ond	from the	that (I) (couses st	oted
220 I certify saw the obove (1	deceased alive	Weeks	ofter death.		DEGREE ATTENDING	death occurred on the	TAPPRE	our ond		signed	
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DHMH - 16 80M 7/84 (VRA 15, 4)

O FUNERAL DIRECTOR. After this certificate has been signed by illould be detached for use as the buriol-transit permit. Then please in the State Dept. of Health and Mental Hygiene prior to burial, cr

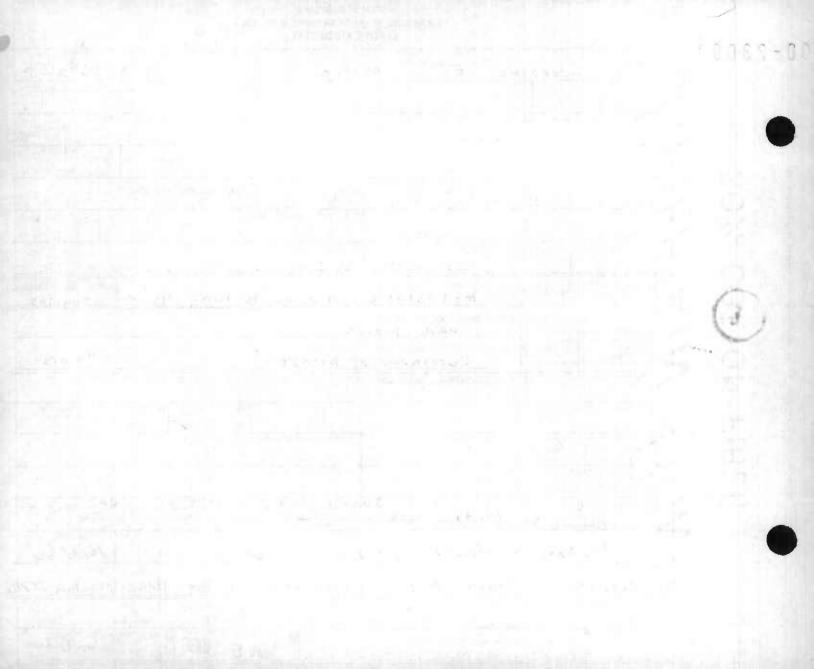
TO HOSPITAL OR ATTENDING PHYSICIAN. The law retained by the hospital or ottending physician.

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Angel Organica

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH DECEASED NAME Elizabeth TYPE OR PRINTS 31-BC MOORE Lorvaine 5 DATE OF BIRTH 6. AGE | IN YEARS LAST BIRTHDAY) IF UNDER I YEAR SEX 4. RACE female white MONTH December 10,1910 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED & NEVER MARRIED Washington U.S.A. Maryland WIDOWED DIVORCED | 126. KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Hagerstown Washington County Hospital aircraft 13e STREET ADDRESS / ZIP CODE 13h COUNTY 113d INSIDE CITY LIMITS? 21740 Maryland Route 6, Box 55 Washington Hagerstown IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE Alvey Davis Iva Powe11 ADDRESS 16h SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 220-28-2839 Mr. Thomas H. Moore, Jr. Hagerstown, MD no 18 CAUSE OF DEATH (Enter only one cause per line for 1a), (b), and (c).) PART I. DEATH WAS CAUSED BY: metastatic carcinoma to lung liver 18 months IMMEDIATE CAUSE (0) DUF TO OR AS A CONSEQUENCE OF plerra and Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF 4years underlying cause last. Carcinoma of breast. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG O 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE JUNY-1 19 85 22a. I certify that (1) (this hospital) attended the deceased from_ 19_86_, and that in (ny) (our) apinion death accurred on the date and have and from the causes stated saw the deceased alive on abave, () (we) (did) (did not) view the body after death 22c DATE SIGNED 22h. SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS E. Smith, M.D. 1700 Oak Hill Hoe. Hagerstown, had 21748 231. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23b. DATE burial Nov. 3,1986 Rose Hill Cemetery Hagerstown, Washington, MD. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 4 FUNERAL DIRECTOR MINNICH FUNERAL HOME lia Davidson . Landale DHMH - 16 60M 7/84 415 E. Wilson Blvd., Hagerstown, Maryland 21740 (VRA 15, 4)



ADDRESS

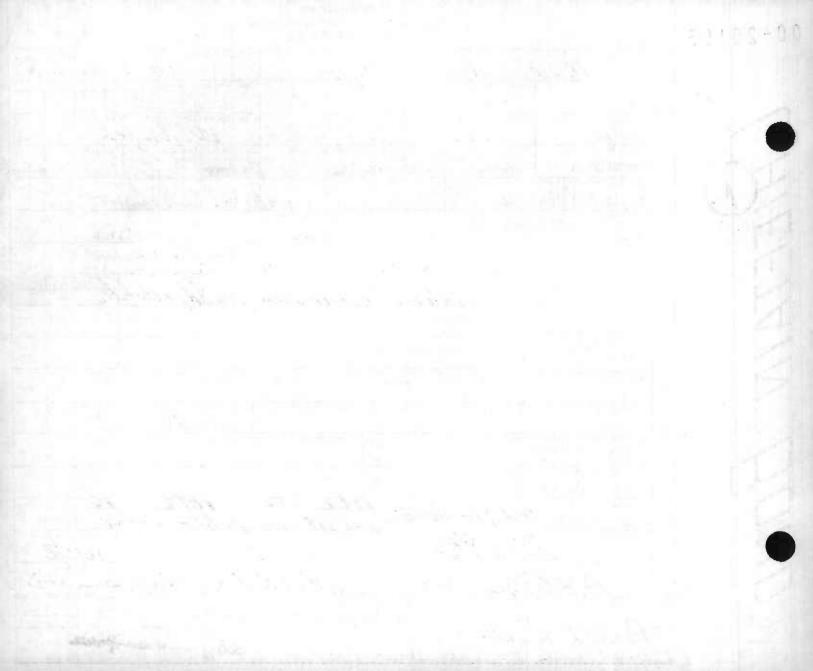
250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

LEUNERAL DIRECTOR

DHMH - 16 60M 7/73

(VRA 15 (4))

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	1 2	3/0	ii CI	TY OR TOWN OF DEA	TH 1		HOSPITAL, N		OR OTHER INSTITU	NOITU		CCUPATION FOR MOST OF W		126 KIND		NESS OR
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	quires that the death cert	to buriol, cremotion, or rer njury, or other troumatic ev	NO	Conditions, if any, gove rise to imm cause (o), statin underlying cause	nediate ig the lost.	DUE TO, O (b) DUE TO, O (c)	R AS A CONS	SEQUENCE OF	NOT RELATED TO		NAL DISEASE	OR CONDIT	ION GIVER	N IN PART	lia	
L RECO	n. hos beer	Sony	CERTIFICATION	190. DATE OF OPERA	TION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORM	MED	200 AUTO	PSY?	Ob. IF YES, 'N CERTIFY! YES	WERE FINING CAUS	DINGS US ES OF DE	ATH?
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0	ding ding	le of	CA	(IF EITHER, NOTIFY MEDI			M.	19								
IVISIO	offend offend fer this		MEDICAL	21d INJURY OCCUR!	ILE 🗍	(AT HOME ST	OF INJURY REET, FACTORY, O	FFICE FARM, ETC)	211 LOCATION			CITY OR TOWN		COUNTY		STATE
٥	P Af	a e		220 certify that (1)	(this haspita) attended th	e deceased	rom	10/2	19 00	, to	10/2	, 15	flo	_, that (I	(we) lost
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	OR A e hosp DIREC	ten tem		obove, (I) (we) (c 22b. SIGNATURE	aid) (did nat)	view the bady	S//		DEGREE	3000	Jon !	164	36/6	22c DA	TE SIGNE	D
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	BP			URIAL, CREMATION, Burial	REMOVAL	10-5-8	36		emetery or cre n U.Metho		Myer's	ville	Frede	rick	Mary	land
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	I ANCH I	-, -,	I.	icketts Fu	neral	Home 1	vyersv	ille, MD	/1//3							



20109	2.1	FOR STATE REGISTRAR	DEPAR	TMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	B B REG. NO.	30051
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You and the	1. SE	Ella	Ma e	Nav 5 DATE	OF BIRTH	Pronounced 10	
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Por Por		RIHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8 MARRII WIDOW	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
120	W:	ILLIAMSPORT		Box 3		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	12b. KIND OF BUSINESS OR
135	13a	aryland Was	OR OTHER INSTITUTION GIVE RESIDENCE BEFO JNTY 13c. CITY OR TO Shington William	WN	13d. INSIDE CITY LIMITS?	Rt. #2, Box	303C 21795
12/0		John	Rasp Rasp		15. MOTHER'S MAIDEN N	WIDDLE	Rhodes
on ond e		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 16b SOCIAL SEC GIVE WAR OR DATES) 209-20-		Alex E. Na	Route # 2	Box 303-C
on. hos been signed by 1 t permit. Then please reee prior to buriol, cre ows ony injury, or other	CERTIFICATION	couse (0), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO	zed ar		206 AUTOPSY? 206	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
physicio hificote hi- l-tronsit ol Hygie n 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EAIH	DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN II	YES NO NO NO NEM 18 PART 1 OR PART 2)
ter this ceris the burial hand Menticked or Her	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO HOSPITAL OR ATTENDIN retained by the hospital or or TO FUNERAL DIRECTOR, affishould be detached for use or with the State Dept. of Health IMPORTANT. If Hem 21 is mon	E	270 I certify that (I) (this has sow the desired olive on bour 1 and 1 and 2 a	view the body of ter death		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 12* ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	19_86 that (It (we) lost and hour and from the couses stated 27c. DATE SIGNED 10-1-86 Lagerstown, MD 217
BP	23a. (BURIAL, CREMATION, REMOVA (SPECIFY) Burial			emetery or crematory	23d LOCATION CHYORTOWN ARK Williams	port Wash. Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR		ear	Spring Md	TE REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 0 - 20270MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR DECEASED NAME 20. DATE KNOWN 2h HOUR MONTH LTYPE OR PRINTS OF ESTI-ALFRED OHLANDER 10 5 1986 IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH AGE IN YEARS 2c. DATE YEAR LAST BIRTHDAY) DAY PRONOUNCED 1:21 P M DEAD 1986 05 81 YRS Male White TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED K NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Washington County Pennsylvania DE-FILED, 10 CITY OR TOWN OF DEATH I. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION. 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Sharpsburg Supervisor truck mfg. Taylor's Landing Rd. (woods) USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13a STATE 1136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md Washington Hagerstown NO [1116 Luther Drive 21740 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR TO FUNERAL DIRECTORE, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES I AND AFTER-DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. Alford Ohlander Harriett W. Haupt 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 10 E. Hillcrest Rd. I HE YES GIVE WAR OR DATEST 173-07-5624 Mr. John J. Mullin Hagerstown, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of head (handgun) IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [] 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOR CONTRIBUTING CAUSE OF DEATH P.M. 10-5- 1986 Self-inflicted. 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN NOT WHILE AT WORK woods Taylor's Landing Rd. MD Washington 220. I certify that I took charge of the remains described above held an -utapsy and in my ppinion Suicide X death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE Mn Assistant 10-6--86 SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Charles P. Kokés, M.D. 111 Penn St., Balto., MD (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 73c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 10-6-86 Remova1 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAF LAN REGISTRAR'S SIGNATURE **DHMH** - 17 ADDRESS Anatomy Board Balto., Md. (VR A15 ME (5))

10-712

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR 20. DATE KNOWN DECEASED NAME MONTH OAY (TYPE OR PRINT) ESTI-MARCELLUS Jane DEATH MATED OHLANDER 10 19 86 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. SEX DATE OF BIRTH DAY IF UNDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY! PRONOUNCED 82 DEAD White 04-04-04 Female 19 86 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED [DIVORCED Washington County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Taylor's Landing Rd. Sharpsburg (woods USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 130 STREET ADDRESS 1116 Luther Drive Washington Maryland Hagerstown YES NO 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME FIRST LAST MIOOLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 1 (IF YES, GIVE WAR OR OATES! 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Gunshot wound of head (handoun) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 1 SHOULD BE U YES T NO [210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH P.M. 10-5-19 86 Subject shot. 210 PLACE OF INJURY (ATHOME 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC. CITY OF TOWN COUNTY STATE WHILE AT WORK Taylor's Landing Rd. woods Washington MD EXECUTE THE LOSS OF THE PORT OF THE PROPERTY O Autopsy K 220 I certify that I took charge of the remains described above, held an Inspection Inquiry Homicide X deoth resulted from: Suicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNED 10-6-86 MD ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 07/84 25M 24 FUNERAL DIRECTOR **DHMH** - 17 ADDRESS Anatomy Board (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-20789 REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN THIRE OR PRINT **PAKALSKI** ESTI-Anthony Joseph BOCT. DEATH MATED 19 86 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED Nov. 27, 1931 1.86 54 male DEAD 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED USA Wisconsin Washington DIVORCED . 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Washington County Hospital Hagerstown printing 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS W. Virginia Berkeley Bunker Hill Route 1 YES NO X 15. MOTHER'S MAIDEN NAME Suchodolski Pakalski Cecelia Joseph 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 1951-1972 397-26-1487 Evonne M. Pakalski, Columbia, Md. yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: #427 - CARDIAC ARREST MMED. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which 429 - ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE 110 - 15 YRS. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 g 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO X 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21 LOCATION STREET, FACTORY, FARM FTC CITY OR TOWN COUNTY AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Homicide Undetermined manner TITLE (SPECIFY) DATE SIGNED OCT. 7,1986 DEPUTY SIGNATURE MEDICAL EXAMINER 217 WEST WASHINGTON STREET EDWARD W. DITTO, III, M.D. ADDRESS HAGERSTOWN, MARYLAND 21740 231. NAME OF CEMETERY OR CREMATOR 30 BURIAL, CREMATION, REMOVAL 236. DATE Oct.10, 1986 St. John's Cemetery Menasha Wisconsin burial MINNICH FUNERAL HOME 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE (10) THE CUR. 415 E. Wilson Blvd., Hagerstown, Md. 21740 - Contratorior

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		Russell		STATE OF MARYLAND		
00-22879	1 - FOR STATE REGISTRAR PCC DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH					30055
1 75		CEASED NAME PIRST RUSS	MIDDLE	Peck	OCT. 30	MONTH DAY YEAR 126 HOUR PM
ge 4 mg		MALE	WHITE	S. DATE OF BIRTH MONTH AUG. 24 1894	AGE (IN YEARS LAST BIR	HDAY) # UNDER I YEAR # UNDER 24 HRS MONTHS DAYS HOURS MIN.
011135	1	HPTACE (STATE OR FOREIGN SUMMY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	V. Laz.	RCOUNTY OF DEATH GTON MD.
10	4,	ACERSTOWN	(IF NOT IN SUCH FACILITY, GIVE STRE	SUNTY HOSPITAL	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF	ON 126 KIND OF BUSINESS OR INDUSTRY COINSTELL-TION
No see and see	130	JATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION) WN 13d INSIDE CITY LIMITS? YES NO U		ZIP CODE /14238
MARYL ompletely ond 2 si		EZRA	MIDDLE PECK		MIDDEE	COVALT
TIMORE,		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	-7090 CALVIN W. 6	ECK HANCE	FULTON 5T OCK MD 21750
the death certificate the other case of physical		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the	nly one cause per line far (a), (b), (D BY, TE CAUSE (a)	Cardiac arr	العا	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DS, 201 W equires that is placed by the blaced of spury, or off	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110				
V OF VITAL RECOR	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR	IRRED (ENTER NATURE OF INJUI	IY IN ITEM (8 PART) OR PART 7)
DIVISION NG PHY Cather than the than the than the thank the three the three the three the three	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TO	WN COUNTY STATE
R ATTENDI hospitol or RECTOR, A host of Heat		270.1 certify that (1) (this hospital) attended the deceased fram				
NEERL D	1	22d. PHYSICIAN'S NAME (TYPE O	P4-Pml	22e ADDRESS	DIRECTOR PHYSIC	FIAN 10/30/87
0 21 24	23a	SURIAL, CREMATION, REMOVAL	Attern, uno	NAME OF CEMETERY OR CREMATORY	23d LOCATION	NE. HAGERSON.
9998P49		URIAL IMERAL DIRECTOR	11/2/86 P		ATE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE
(VRA 15.4)	1 +	T. U TR		COCK MA	DV 5 1986	As A second

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	1				STAT	E OF MARYLAND			
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2231	0		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		
e 6 €	,	I. DE	CEASED NAME FIRST	MIDDLE	001	AST	20 DATE OF DEATH		YEAR 26 HOUR
poge r deat	1/2	_	Kobert	E	POTTE.	nberger			86 N
fter p	D	3. SE		RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	HDAY) IF UNDER	DATS HOURS MIN.
ge ,		1	Male	White	Ar	ril 16, 1931	55	YRS	
2 hou	20	7c. B		b. CITIZEN OF WHAT COU		D NEVER MARRIED	9 BALTIMORE CITY O	_	тн
The state of	12	-	cohrersville, Md		WIDOWE	DIVORCED	Washingt	on	MD
d the fr	19		agerstown	II. NAME OF HOSPITAL, N IF NOTING HEACHING OF WASHING TO		Hospital	126 USUAL OCCUPATION OF STOCK ROOM	F WORKING LIFET INDL	IND OF BUSINESS OR USTRY CO.
	38	USU 13a	AL RESIDENCE (IF NURSING HOME OR TATE 131 COUN Wash		E BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE	21713 Rfd. 1
SIC			ATHER'S NAME	0		YES NO 15. MOTHER'S MAIDEN NAM		LIGHT IN	nuu.
NAME OF TAXABLE	2/	7	FIRST		\$1	FIRST	MIDDLE		LAST
3/-/-		140.1	Victor C		berger	Phoeb			laller
Poge		(YES, NO OR UNKNOWN) (IF YES, GIVE		-32-4855	Mrs. Margare	18 Mc Cleri	berger,	Boonsboro,
pers.					(b) and (c)				APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
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se re			cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF	- Candinus	cular Des	coal	
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Then to b		NO O					The order of the order		
mit.	1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b IF YES, WERE	FINDINGS USED
per		IFI					YES NOT	YES T	AUSES OF DEATH?
cote onsil Hygin		CE	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURR			
melin in i	4		OR CONTRIBUTING CAUSE OF DEAT		H DAY YEAR				
S Ce		MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	17	211. LOCATION			
the ond	D	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC }	STREET	CITY OR TO	wn COU	NTY STATE
seo	E		22a I certify that (I) (this books	attended the deceased	from. It	1.2S 10.8b	to 10.	27 1086	that (I) (weeklast
P P P	5	-	saw the deceased alive on	10-26		nd that in (my) (our) apinian a	leath accurred an the do	ate and haur and fro	om the causes stated
Pt pt	E		abaye, (J) (me) (did) (did not 27) SIGNATURE	view the bady after death.		DEGREE			DATE SIGNED
e De	E	10	Cu - 10 11	Jan P.V		ATTENDING PHYSICIAN	MEDICAL STAF		0-27-86
FUNERAL	1		22d PHYSICIAN'S NAME RTYPE OF	PRINT)		220 ADDRESS	DIRECTOR PHYSIC	IAN	91.06
should be de with the Stat			Eric M.	Wagehal, 1	M. D.	1825 Howell	Rd., Hager	stown, Mo	1. 21740
ē ⊢_2 ¾ ₹	24	23a I	BURIAL, CREMATION, REMOVAL	23b. DATE	1	EMETERY OR CREMATORY	23d LOCATION	COUNTS	STATE
		_	Burial	10-30-86	Boonsbo	oro Cemetery		o, Wash.	Co., Md.
H - 16 60M 7	/B4		UNERAL DIRECTOR	400	DBECC	25a. DATE	REC'D. BY REGISTRAR		
(VRA 15, 4)		J	ohn H. Bast. Jr	. Boonsboro	Md. 21	713 DCT	2001000	Swindson	allicomolities

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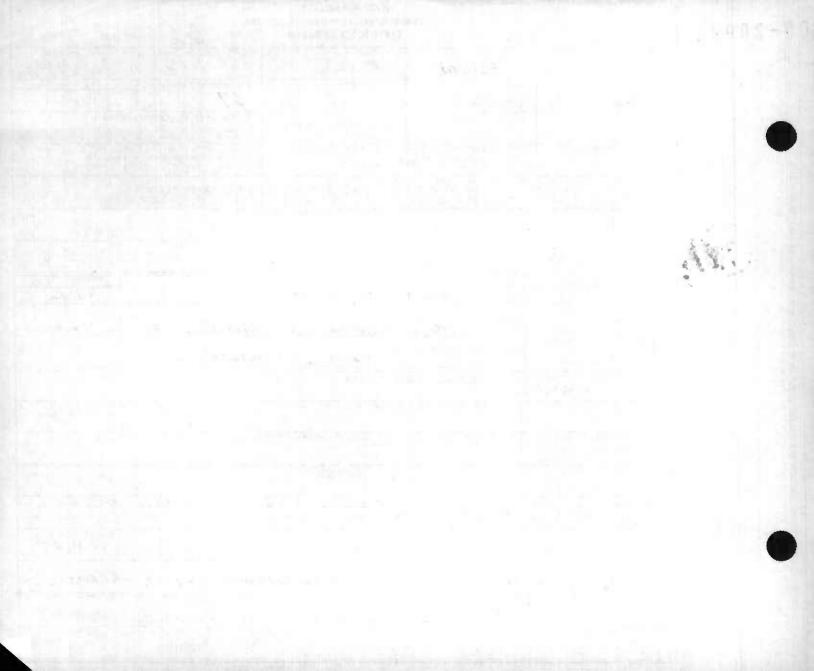
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John J. Mary L. Boomsbore, Ma. 2001; Combi-

	1	FOR	25242		OF MARYLAND				
20998	1.	STATE REGISTRARCECIL E			EALTH AND MENTAL HY	STENE S REG. NO	3	0 0	5 /
	1. DE	CEASED NAME EIRST	MIDDLE		AST		MONTH DAY	YEAR	2b. HOUR
be seen	- (TYP)	OR PRINT)	L ELWOOD	P	DOLE		10 11	86	1203 DM
The do	3 SE		4. RACE	5. DATE O		6. AGE IN YEARS LAST BIR	MON'	NDER I YEAR	IE UNDER 4 HRS
oge 4		MALE	WHITE	11	08 18	67	YRS.		
Table of the state		RTHPLACE (STATE OR EOREIGN COUNTRY) Maryland	U.S.A.	MARRIE	NEVER MARRIED	Washingt	_		
n		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWE O		120 USUAL OCCUPATI	ON I	26 KIND OF	BUSINESS OR
10 mg		Hagerstown	Washington Cou		spital	Flagman		Railr	oad
1935	13a	STATE 13b COU	or other institution, give residence bee inty 136 city or to lington Hagerst	NW	13d. INSIDE CITY LIMITS? YES (2) NO [13e STREET ADDRESS A	ZIP CODE Washi		.740 n Stree
130177	14 F/	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	WIDDLE		IASI	ALLEN
TAT		Fred	Lewis Poc	-	Myrtle	Olive		Butts	3
EA		VAS DECEASED EVER IN U.S. A TES NO OR UNKNOWN) (JEYES G YES WII	rmed forces? 166 social service war or dates) 214-09-		F. Annette P	oole 802 V	West Was	shingt	on Stre
an. has been signed by the attenpermit. Then please remave content prior to burial, cremolion, and on injury, or other traume.	CERTIFICATION		DUE TO, OR AS A CONSECTION OF THE CONSECTION OF	DUENCE OF	NOT RELATED TO THE TER/	wholema wholema 200 AUTOPSY? YES NO IN	20b. IF YES, WIN CERTIFYIN	ERE FINDING	GS USED OF DEATH?
Hygin Hygin		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCUP		-		
ter this certification is the buriol-triple of Mental rked of femy	MEDICAL	[1E EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE ALL WORK ALL WORK		E. EARM, ETC)	71f. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
CTOR. Af d for use of p. of Health m 21 is mo		saw the deceased alive a obave, (l) (we) (did) (did n	n 9 19 ot) view the body after death.	26.0	nd that in (my) (aur) opinian		ite and hour an	d from the co	ouses stated
y the har RAL DIRE detacher tote Dept. If there		27b. SIGNATURE	n-toute	M	PHISICIAN	MEDICAL STAF	F IAN 🗌	22c. DATE S	
TO FUNERAL should be det with the State		22d PHYSICIAN'S NAME (TYPE			115 W. WA	SHINGTON	N 32.	AGER.	STOWN
BP		BURIAL, CREMATION, REMOVA SPECIFY) BURIAL			emetery or crematory awn Memorial				
OHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR K. Coffman Fun	eral Home, Inc.	Hagers	stown, Md. 250 DA	TE REC'D. BY REGISTRAR	256 REGISTRAR	'S SIGNATE	RE Sulley



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

U		REGISTRAR				CLN	IIIICAIL OI DEATI		REG. N	10.		\$
		EASED NAME	FIRST	Ann	MIDDLE		LAST		20. DATE OF DEATH	MONTH D	YEAR	2b HOUR
5	(TYPE	OR PRINT)	Betty		Α.	Pric	e		October		5	5:07A M
	3. SEX	1-11255	5-	4. RACE			TE OF BIRTH		6. AGE (IN YEARS LAST BI		FUNDER I YEAR	HOURS MIN.
		female		white			r 7 1946	WK	40	YRS.		MIN.
	7a. BIF	THPLACE (STATE OF	R FOREIGN	Th CITIZEN OF		ITRY? 8	RIED NEVER MARRIE	D 0	9 BALTIMORE CITY		OF DEATH	
5	W.	Va.			USA		WED DIVORCE		Washi	ington		MD.
-	10 CI	Y OR TOWN OF DE	ATH			URSING HOA	E OR OTHER INSTITUTION	N	120. USUAL OCCUPAT			OF BUSINESS OR
1		gerstown		Wash	ington	County	y Hospital		bus driv		1	y gov.
6	USUA 130. S	L RESIDENCE (IF NUI	13b. COUN	OTHER INSTITUTION TY	13c CITY OR	BEFORE ADMISSI	ON) 13d. INSIDE CITY LIA	AITS?	13e.STREET ADDRESS	/ ZIP CODE		
0	Ma	ryland	Wash:	ington	Hager	stown	YES X NO		309 N.	Cannon	Ave.	21740
1	14 FA	THER'S NAME FIRST unknown	٨	AIDDLE	LAS	omer	15 MOTHER'S MAID FIRST E116		WE		Walke	st ·
-	160 W	AS DECEASED EVE	R IN U.S. ARA	MED FORCES?		SECURITY NO		-11	ADDR	ESS	Walke	
/		ES, NO OR UNKNOWN)		WAR OR DATES)		44-395		Pri	ce, Hagerst	cown, M		
		18 CAUSE OF DEA	TH (Enter on	y one couse per	line for (o), (b), and (c).1					BETWEEN	ONSET AND DEATH
		PART I. DEATH	WAS CAUSE	E CAUSE (O)	Respira	atory a	rrest					hours
		18 hours										
76		PART 2. OTHER SIG	GNIFICANT C	ONDITIONS C	ONTRIBUTING	G TO DEATH	BUT NOT RELATED TO TH	HE TERM	IN AL DISEASE OR COM	NDITION GIVE	N IN PART 1	10
	NO.	Obesity	. Diah	etes me	11itus	s and C	Carcinoma of	the	ascending	colon		
5	CERTIFICAT	19a DATE OF OPER	ATION	19b. COND	ITION FOR W	HICH OPERA	TION WAS PERFORMED		200 AUTOPSY?	IN CERTIFY		S OF DEATH?
	E	Oct 3,				of the	ascending	colc	TYES NOW	YES		NO 🗌
1		OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A	M. MONTH	H DAY YE	AR		RED (ENTER NATURE OF INJ	URY IN ITEM 18 PA	RT 1 OR PART 2)	
	WEDICAL	(IF EITHER NOTIFY ME			M. OF INJURY		21L LOCATION		one			
	MEI	WHILE NOT W	WHILE			OFFICE, FARM, ETC	211 LOCATION STREET ONE	1431	CITY OR TO	OWN	COUNTY	STATE
П	90	22a 1 certify that (l) (this hospit	ol) ottended th	ne deceased f	rom Sept	, 19.	86	to - Oct - 30	, 1	9 86	that (I) (we) lost
		sow the decea	sed olive on.	Oct 30)		., and that in (my) (our)					
		226. SIGNATURE	Tarat I ara nor	view me body	oner deom.		DEGREE			7777	22c. DATE	SIGNED
		Fran	uni co	G. J.	50 752	12	1-D_ ATTENE	DING	MEDICAL STA		Oat	20 1000
1		22d. PHYSICIAN'S	VAME (TYPE OF	PRINTS			22e ADDRESS		77.		- OCE	30 1986
		Franc	isco G	. Japzo	n M I)			First St	21740		
	23a B	URIAL, CREMATION		23b DATE	ZII STAL		OF CEMETERY OR CREMA		23d LOCATION			
4	bi	speciey) irial			.1986		Hill Cemeter		Hagersto	own. Wa	sh. M	faryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

MPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or ath TO FUNERAL DIRECTOR. After this certificate has been signed be should be detached for use as the burial-transit permit. Then pleas with the State Dept of Health and Mental Hygiene prior to burial.

> Wilson Blvd., Hagerstown, Md. 21740 24 FUNERAL DIRECTOR
> 415 E. Wils

250. DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE





10-21055	1.	FOR STATE			DEPARTMENT OF		D MENTAL H	704	3	0 0	5	9		
00-21058		REGISTRAR		MEI	DICAL EXAMI		IFICATE O	FEATH	REG. N	10.		9-1		
		PE OR PRINT)	FIRST		MIDDLEROWLAND	LAST		2a DATI	E KNOWN	MONTH I	DAY YE	AR 25 HOUR		
ASE OR. JRS. EET,			FRED	The East	RRAXR	PROCT			H MATED [8 198	O A		
ELAY IS NECESSARY, PEASE O THE FUNERAL DIRECTOR. DEAGE 5 FOR W. R. FILES. REPLED A HITHIN 22 HOURS REPLED A STREET,	3. SE		RACE BLACK	5. DATE OF BIRTH	9 4 4 5 1961 24		YR. IF UNDER	MIN PRONO	UNCED _		8 ₁₉ 8	16 24 HOU		
- SEAL SAL	To B	IRTHPLACE (STAT		76 CITIZEN OF WE		18	NEVER MARRIE	9 BALT	IMORE CITY	OR COUNTY				
S S S S S S S S S S S S S S S S S S S		OREIGN COUNTRY)		USA		WIDOWED [WASHI	NGTON				
S S S S S S S S S S S S S S S S S S S		ITY OR TOWN OF	DEATH	II. NAME OF HOS	PITAL, NURSING HOM	AE, OR OTHER IN		120 USUAL OCC		PE OF WORK 121	KIND OF	F BUSINESS		
> HATE	1	HAGERSTO	TNI		CON COUNTY			for most of w			or INDU	JSTRY		
- MENAGE	JOSU	AL RESIDENCE (#	IN NURSING HOME	OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISS	SION)				1	Jul a	11		
AND	See	STATE MD	H3L COUN	DERICK	FREDERIC		NSIDE CITY LIMITS?	4407 BU		OLINI DIE	000	/		
AD.		ATHER'S NAME	PREI		I FREDERIC		OTHER'S MAIDE		CKEIST	OWN PIN	CE			
	N	FIRST	TYAY	MIDDLE	LAST		FIRST		MIDDLE	77 7	LAST			
BALTIMORE S AFTER DEA GIVE PAGES ITH FORM PAGES		CLAUDE WAS DECEASED E	WAY VER IN U.S. AR		PROCTOR		IARIE IFORMANT	EL	IZABET		BROWN			
THE PLES	-	YES, NO, OR UNKNOWN	(IF YES, GIVE	WAR OR DATES)						FREDE				
S A S S HA	-	NO CAUGE OF	N/A		1 217-82-7	065 MA	ARIE E. I	PROCTOR	4407	BUCKEYS		MATE INTERVAL		
PRESTON ST., ITHIN 24 HOUR CIL IN ITEM 18. 4RR ALONG ANSIT PERMI AL HYGIENE, REMOVAL.		18 CAUSE OF D	H WAS CAUSE	ly one couse per line D BY:	10 (0), (b), and (c).) 815 - MOTOR	VEHICL	E Accine	NT CIVE	00.150	_	BETWEEN O	INSET AND DEATH		
VALENCE NATIONAL VALENCE NATIONAL VALENCE NATIONAL VALENCE NATIONAL NATIONA	-	9159	IMMEDIA"						OBJEC		APPRO	URS		
REST LIN LASIT LAS	1	Conditions	if ony, which		AS A CONSEQUENCE			IDGE) HU	IURS		
MATH VCILL		gove rise	to immediate	(0)	MULTIPLE MA		UMA)							
201 W. UTED W. IN PEN. EXAMI	1	lying couse	oting the <u>under-</u> lost.	DUE TO, OR	AS A CONSEQUENCE	OF								
S. S				(c)							<u></u>			
HAL RECORDS, 201 W. PRESTON HOULD BE EXECUTED WITHIN 24 H RE "FENDING" IN PENCIL IN ITEX HIEF MEDICAL EXAMINER ALON USED AS A BURIAL-TRANSIT PER OF HEALTH AND MENTAL HYGIEN RIALL, CREMATION, OR REMOVAL	z	PART 2 OTHER SIGNS												
AS CRE	CERTIFICATION	19g. DATE OF O												
SHOULD SH	1 2	10/8		196 CONDITION FOR WHICH OPERATION WAS PERFORMED? RUPTURED SPLEEN							20 AUTOPSY?			
THE	1 2	21a EXTERNAL									YES			
DIVISION OF VITAL RECORDS, SIGNIFICATE SHOULD BE EXECUTING THE WORD "PENDING" PROBLED TO THE CHIEF MEDICAL E 3 SHOULD BE USED AS A BURE OF PROBLED OF PROB		UNDERLYING CONTRIBUTING	™ OR	12-110	MONTH DAY YEAR	AR STRUCK	SURY OCCURRED BELOGE EJECTED	ABUTMEN	IT AT H	IGH SP	EED-E	ST.90		
ISIO TO TO THE PROPERTY IN THE	MEDICAL	214 INJURY OC		21e PLACE C	OF INJURY CATHOME	211 LOCATIO	NORTHB			E'S CH	OICE			
DIVISI THIS CERT E. WRITING WARDED PAGE 3 SI STATE DEPV	E		NOT WHILE	COUNT	Y ROAD	LANE		CITY OR	REDERICK, FREDERICK, MI					
# E C # U C .		22a I certify	that I took charg	ge of the remains des	cribed obove, held on	Autopsy	, Inspection	X, Inquir	ry 🔲. o	and in my opinie	IOR			
A TION TO THE WAY TO T	1	death resulted	from Notu	rol couses .	Accident X, S	ivicide , I	Homicide .	Undetermined	monner	,				
A WEEK TANK			50	0.0		Tr	TLE (SPECIFY)							
A A L C C C C C C C C C C C C C C C C C		SIGNATURE	dway	W. to	if ou	M.D. DI	EPUTY	MEDICAL EXA	AMINER	DATE (OCT.	8,1986		
DIC NOR SET	1	EVALUEDIC NO	ur Fa	- W D	- 111 1	-	217	WEST WAS						
A D R E E E		TYPE OR PRINT	ME EDWA	RD W. UIT	ro, III, M.	ADDRI	ESS_ HAGE	RSTOWN,	MARYLA	ND 217	40			
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH THE	23a.E	BURIAL, CREMATIC	ON, REMOVAL	36 DATE	23c. NAME OF CE	EMETERY OR CRE	MATORY	23d LOCATION	1	COUNTY		STATE		
07/84 BP	1	BURIAL		10/11/86	HOPEHIL	L CEMETE	ERY		STOWN	FREDER	ICK	MD		
25M DHMH - 17	24 F	UNERAL DIRECTO	OR G. DO	OUGLAS STA	UFFER		250. DATER	EC'D. BY REGISTI	RAR 256 REC	SISTRAR'S SIGN	NATURE			
(VR A15 ME (5))					EDERICK MD	21701	061	1 () 1900	Julia	Dendus	- Fred	ALL .		

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEMBETNAME 2a DATE KNOWN MONTH THE CHARLEST ESTI-Richard 19 86 Rauth DEATH MATED K James 4. RACE AGE (IN YEARS | IF UNDER 1 YR. 5 DATE OF BIRTH 2d HOUR THE FUNERAL DIRECT AGE 5 FOR YOU! HI FILE! WITHIN 72 OIL SEX IF UNDER 24 HRS 2c. DATE :30 LAST BIRTHDAY) PRONOUNCED OCT. 1898 Male White DEAD A BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland DIVORCED County D CITY OR TOWN OF DEATH 12b KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY Editor View Street Hagerstown Paper Washington 21201 13e. STREET ADDRESS 30 STATE 13d INSIDE CITY LIMITS? Maryland Hagerstown View Street YES X 15. MOTHER'S MAIDEN NAME MIDDLE William Rauth Lucia S. Sauer 17 INFORMANT 16b. SOCIAL SECURITY NO ADDRESS 168 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO, OR UNKNOWN) PAGE DIVISION 214-09-9363A Miriam R. Rauth same as 13 No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: #427 - CARDIAC ARREST MMED. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditians, if any, which #429 - ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE MANY YEARS gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. 3 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND MIRRIOR TO BURIAL, CREMATION, PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION INTER COATE WORLD 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME AT WORK AT WHILE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNCETOR. PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM FTC STREET CITY OR TOWN COUNTY X 22a. I certify that I took charge all the remains described above, held an Autopsy Inspection and in my apinian Natural causes X death resulted Iram Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE OCT. 6,1986 SIGNATURE DEPUTY WEST WASHINGTON STREET EXAMINER'S NAME EDWARD W. DITTO, III, M.D. HAGERSTOWN, MARYLAND 21740 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial 170-3-86 Wash BP Rose Hill Cemeterv Hagerstown 250. D'ATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE. 24 FUNERAL DIRECTOR DHMH - 17 305 SS N. Potomac St. (VR A15 ME (5)) Gerald N. Minnich Hagerstown, Maryland 20M 4/B2

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John H. Brot, Jr. Joonesonto. Ma. 21713

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211-71-14: dr. illaworth D. worldr. Joonsberg, No. 21743

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Grector, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	REG. 1	۷0.	3	Û	1,1		Ö	
DATE OF D	EATH	MONTH		DAY	YEAR	26	HOLLB	

	1/2	STATE REGISTRAR				CERTIF	ICATE OF DEATH	Ī	S O REG. NO	0	O M		Es- vij	
1			arry	Paul RIDE			OUR		October 10,	1986	YEAR	26 HOUF	50 A M	
	3. SEX		4	RACE		S. DATE			AGE (IN YEARS LAST BIRTI		UNDER I YEAR	IF UNDER :	24 HRS	
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100		ry OR TOWN OF DEATH			H FACILITY, GIVE STREET		OR OTHER INSTITUTIO		20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF Self-emplo	WORKING LIFE)	12b. KIND C INDUSTRY 1aund		SSOR	
1 1	13a S		BL COUNT		GIVE RESIDENCE BEFORE 131. CITY OR TOW Hagerst	N	134 INSIDECITY LIM		se STREET ADDRESS / 655 Orcha		ıd	217	740	
	14 FA	THER'S NAME FIRST Harry	c.	IDDLE	Ridenour		15. MOTHER'S MAID!	ENNAME	MIDDLE		Derr			
		AS DECEASED EVER IN		NED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRES	S	45 M	AL N		
		no	(IF 1E3, G14E	WAR OR DATES)	214 09 6	622	Mrs. A. A	lbert	ta Ridenour	, Hage				
		18 CAUSE OF DEATH (PART I. DEATH WAS	CAUSED	DV			R ACCIDENT	Æ			BETWEEN O	MATE INTERVONSET AND I	VAL	
				(b) AF	R AS A CONSEQUE R TER IOSCL	EROTI	C HEART DI	SEAS	MISPHERE AND WITH HIST MYOCARDIAL	TORY	15 м	ONTHS	3	
	NO	PART 2 OTHER SIGNIF				DEATH BUT	NOT RELATED TO TH	E TERMIN	AL DISEASE OR COND	ITION GIVEN	IN PART 1:	a		
2	CERTIFICATION	19a DATE OF OPERATIO	N	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, VIN CERTIFYIN YES [NG CAUSES	OF DEATH	H?	
		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	USE OF DEAT	21b. TIME O HOUR A. P.	M. MONTH DA	AY YEAR	21c HOW INJURY C	CCURRE	ENTER NATURE OF INJURY	IN ITEM 18 PART	1 OR PART 2}			
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		21e. PLACE	OF INJURY REET FACTORY, OFFICE F	ARM, ETC }	211 LOCATION STREET		CITY OR TOW	/N	COUNTY	51	TATE	
	2	22a. I certify that (I) (I sow the deceased abave. (II-II e) (did	alive an	attended th	e deceased from 19	AUGU:	- 11	86 pinion dec	, to UCTOBER ath accurred an the da	te and have a		that (I) (X		
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1		EDWARD W.			, M.D.				ST WASHING					
۱	23a B	URIAL CREMATION RE	MOVAL	123h DATE	23r N	IAME OF C	EMETERY OR CREMA	IORY	23d LOCATION					

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

burial burial Oct.13,1986

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

415 E. Wilson Blvd., Hagerstown, Md. 21740

Rest Haven Cemetery

Hagerstown, Wash., Maryland

DCT 16 1986

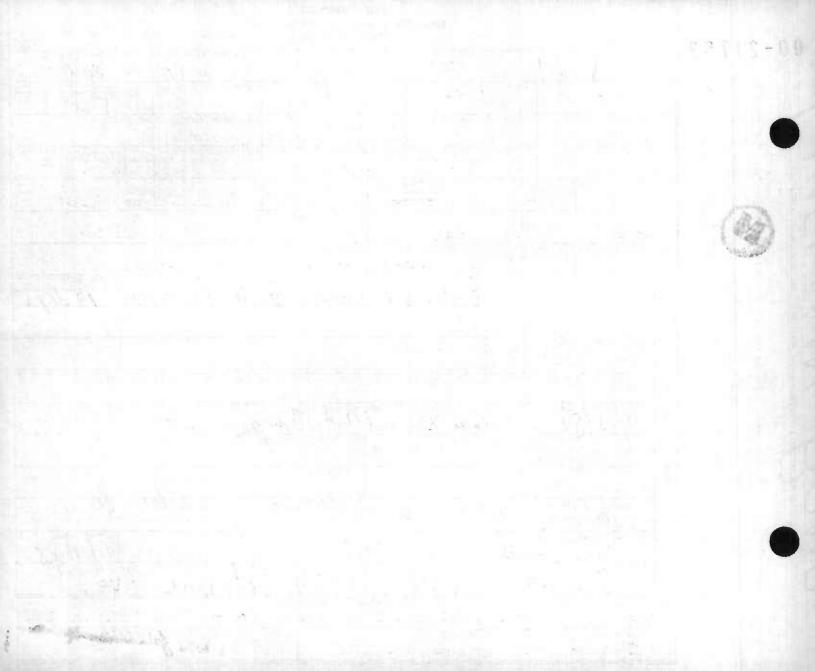
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR DECEASED NAME 20 DATE KNOWNXX ESTI-J. Roderick George DEATH MATED 10 86 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 24 HOUR PRONOUNCED White March 12,1958 28 YRS 10-19 19 86 Make DEAD D. M Th CITIZEN OF WHAT COUNTRY LATHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Delaware WIDOWED [DIVORCED Washington County, CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS Unemployeed OR INDUSTRY Roxbury Correctional Center agerstown ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 28 Fernwood Avenue 19720 L3a. STATE New Castle New CAstle Del. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND DUE John Carey Roderick Sr. Frances 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT ADDRESS 221-54-4924 Mrs. Frances Roderick 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Hanging IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR HOUR A.M. MONTH DAY CONTRIBUTING CAUSE OF DEATH P.M. 10-19 19 86 subject hanged himself THE PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK XX cell Roxbury Correctional Center, Hagerstown, WAsh. Co., Md. Autopsy XX 22a I certify that I took thange of the reme and in my opinion Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL MD Assistant 10-20-86 DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., Md. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Oct. 24, 1986 Gracelawn Mrmorial Park New Castle New Castle Burial Del. 24 FUNERAL DIRECTOR Leomard J. Ruck Inc. Baltimore, Maryland (VR A15 ME (5))

STATE OF MARYLAND

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DHMH - 16 60M 7/B4

(VRA 15, 4)

415 E. Wilson Blvd., Hagerstown, Md. 21740

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

TE DETAIL HAZEL M. ROHREL 10

Potomac St.

Hagerstown, Maryland

24 FUNERAL DIRECTOR

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR 50 red 4. RACE 3 SEX YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN Washington DIVORCED T 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR Public School 130 STATE Rfd. 3 Box 88 13d. INSIDE CITY LIMITS? 21713 0011560 ro 4 FATHER'S NAME 15 MOTHER'S MATDEN NAME FIRST Marshall Shaffer, Jr. John Frances Lester ADDRESRED 3 Box 88 166 SOCIAL SECURITY NO 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Mrs. Rosemary Shaffer, Boonsboro, Md. 21713 213-40-4535 No 18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE C Conditions, if ony, which gove rise to immediate couse (a), stoting underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) CITY OR TOWN COUNTY NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from, sow the deceased alive on above (1) was the and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING ild be deto the Stote PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 21756 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial 10-13-86 Boonsboro Cemetery Boonsboro, Wash. Co., Md. 5 1986 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 "John H. Bast, Jr. Boonsboro, Md. (VRA 15, 4)

Party Services

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	NECESSARY, PLEASE UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET.	FC	aryland		USA			WIDOW	ED X NEVE	DIVORCE	ED 📗	WASHIN	-			
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	F ANY DELAY IS N AND 3 TO THE FL RETAIN PAGE 5 HOULD BE FILED, RECORDS, 20 TW		Hagerstown		(IF NOT IN SUCH FACULTY, GIVE STREET ADDRESS) Washington County Hospital FOR MOST OF WORKING LIFE) Clerk							OR INDUSTRY Medical				
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DIVISION	OF DESCRIPTION OF THE PERSON O	MEDIC	21d INJURY OCCUP	RRED WHILE	21e PLACE C STREET, FACT	ORY, FARM, ET			CATION TREE T			CITY OR TOWN		COU	UNITY	STATE
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	524544	23a.B	URIAL, CREMATION,	REMOVAL 23	b DATE	23c. N	IAME OF CEM			RY	23d. LOC	ATION		COUN	NTV	STATE
	BP		Buria	1 0	ct.21.19	36 S	t.Paul	s Co	metery	,		r Spri		ashi	ngton	MD
	DHMH - 17		UNERAL DIRECTOR		ADDRESS				. 25	a. DATE RI					CHATURE.	
	(VR A15 ME (5)) 20M 4/82	M	ajor M.Osb	orne	Williams	sport	,MD 217	/95		JOY V	25	335	MANA	Name of Street, or	mar.	Á

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Plant, der, dr. Damadore, et. 21715

Angela Marie Shindle, Hagerstown, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY and that in (my) (our) ppinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 230. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY Beautiful View Cem. burial Oct.4, 1986 State Line, Franklin, Pa. 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 415 E. Wilson Blvd., Hagerstown, Md. 21740

STATE OF MARYLAND

126 KIND OF BUSINESS OR

21740

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DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL CREMATION, REMOVAL 236 DATE (SPECIEVE 10-30-86 mria

24 FUNERAL DIRECTOR

22d. PHYSICIAN'S NAME TYPE OF PRINTS

231 NAME OF CEMETERY OR CREMATORY St. Paul Cemetery

22e ADDRESS

23d LOCATION Wierton

COUNTY Virginia

STATE

305 N. Potomac St. 9 Minnich Hagerstown. Maryland

250 DATE REC'D. BY REGISTRAR 36, REGISTRAR'S SIGNATURE OF BANK - PE

3.5 3.5 3.00 The street of the state of the Swarf property and a property THE METHODIC MINESTER SISONAS SOURS CARCANTA MENTAL PRICENCES, CONSIDER REGION SIGNALLE. \$ \$ 1. F - 1. F

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH FIRST 26 HOUR 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE DATE OF BIRTH MONTH DAY YEAR 1900 O BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY ARVIEW NURSING DISPATCHER-USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13e.STREET_ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 5 ROGINWOOD 21740 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST Marker TRORUR 7ARU 17 INFORMANT 65 Robinwoods Drive 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES GIVE WAR OR DATES) (YES NO OR UNKNOWN) Edna Smith Hagerstown, MD 21740 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY 118000 IMMEDIATE CAUSE (O OR AS A CONSEQUENCE OF queatour Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINANDISEASE OR CONDITION DIVEN IN PART 1:0 CERTIFICATION 206. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NOT NOL 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTHY MEDICAL EXAMINER) P.M. 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN STATE (AT HOME STREET FACTORY OFFICE FARM ETC) STREET NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on above, (1) (wer tolich (did not view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING & MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS D50N

230 BURIAL CREMATION REMOVAL 10-27-86

23c NAME OF CEMETERY OR CREMATORY Mt.Zion U.Methodist

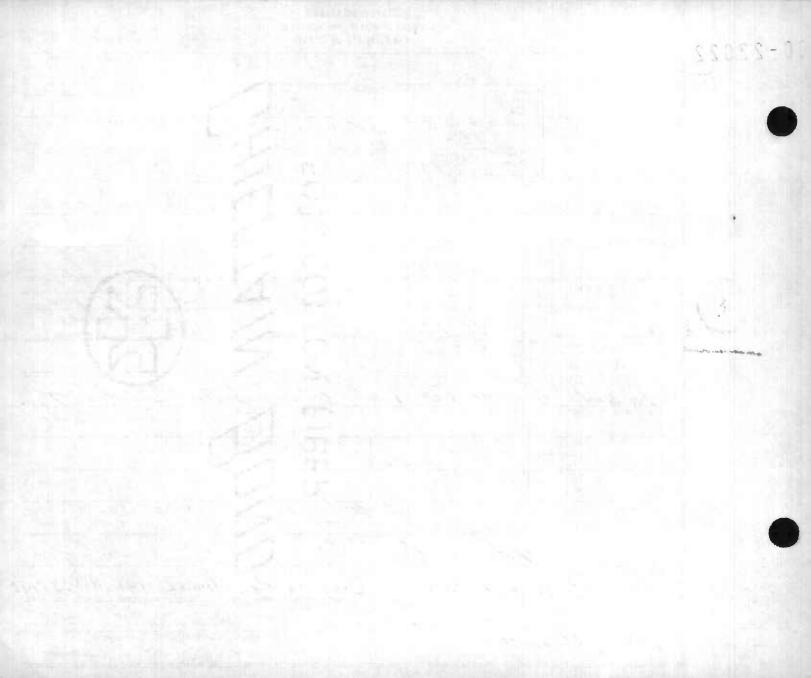
Myersville Frederick Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

24 FUNERALDIRECTOR Ricketts Funeral Home Myersville, MD 21773

BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25a DATE REC'D.



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FOR

22c. DATE SIGNED PHYSICIAN PHYSICIAN 77e ADDRESS KENLY AVE, HAGERSTOWN MD. 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Green Hill Cemetery Waynesboro Franklin Broad St. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAB SSIGNATURE 24 FUNERAL DIRECTOR Waynesboro, Penna.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

17b. KIND OF BUSINESS OR

Machine Co.

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Smithsburg, Md.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Rock

Box 56

COUNTY

STATE

11:01 AM

1986

IF UNDER I YEAR

16:60M-7/84

(VRA 15 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTI Grarrolt Eugene Tuchra Oct.12,1986 6. AGE (IN YEARS LAST BIRTHDAY) IF HINDER LYEAR 3 SEX 4 RACE IF LINDER 21 HRS Nov. 24,1948 White Male O BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA WASHINGTON DIVORCED W WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rt. 1 Box#81 Sharpsburg Carpenter Hous in a 136 STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Washington Sharpsburg 21782 Rt.1 Box# 81 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Harry Tucker.Sr. Carletta Charles Jeanette Ingram 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Vietnam (YES, NO OR UNKNOWN) 232-78-1418 Charles H. Tucker, Sr. Rt. 1 Bx#382 Hag. MD 21740 ves CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF extrasive 00000 Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost W162 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from. 700 86 sow the deceased alvestion of the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 276 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 22e ADDRESS ld b 400056 Kosusc. 6 23a BURIAL CREMATION REMOVAL 236 NAME OF CEMETERY OR CREMATORY 236. DATE BP Oct. 15, 1986 Mt. View Cemetery Burial Sharpsburg Washington Maryland 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Major M.Osborne (VRA 15, 4) Williamsport, MD 21795

STATE OF MARYLAND



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH 26 HOUR L DECEASED NAME Steve TYPE OF PRINT 86 **NMN** WASHINKO 4 RACE S DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX MONTH YEAR male white August 18, 1912 7a BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Czechoslovakia WIDOWED DIVORCED [Washington ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE! Washington County Hospital Hagerstown heat treat tech. trucking 136 COUNTY 13e STREET ADDRESS / ZIP CODE 77 Manor Drive 21740 Marvland Washington Hagerstown YES T NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Jacina John Washinko Mary ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 195-10-1350 George Washinko, New Port Ritchey, Fla. ves 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE/OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last DISEASE OR CONDITION GIVEN IN PART Tra 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION. 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Ting carcinoma 716. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING TO CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (our) opinion death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 226 SIGNATUR DEGREE 22c DATE SIGNE ATTENDING 1/MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS STEPHEN M. JACHS 23a. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY burial TITY OR TOWN Rocky Gap Vet. Cem. Flintstone, Allegany, Md. Nov. 5.1986 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 E. Wilson Blvd., Hagerstown, Md. 21740 (VRA 15, 4)

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ADVACTALT	-											ı

5-	STATE REGISTRAR			DEFARIN	CERTIF	ICATE OF DE	ATH	O CREG.	ان.	Û W	3 1
	CEASED NAME OR PRINT)	FIRST	Lou	ise	W	ASTLER		20. DATE OF DEATH	MONTH 0	YEAR	26 HOUR
3. SE	female	1	RACE whi	te	S. DATE C		1930	6 AGE (IN YEARS LAST B	YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS
	RIHPLACE (STATE OR F			WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MA	ARRIED D		hingto		MD.
1	Hagerstow	n	Washin	OSPITAL, NURSIN HEACILITY, GIVE STREET A Gton Cou	inty		UTION	120 USUAL OCCUPA (14PE OF WORK FOR MOST housew	OF WORKING LIFE		OF BUSINESS OR
13a S	Maryland	136. COUNT		13c. CITY OR TOW	N	-	X 04	13e.STREET ADDRESS Route		x 13	740
	THER'S NAME FIRST Earl	E	DDLE	Kline		C	atheri	MIDOLE		Shipp	1
	VAS DECEASED EVER		VAR OR DATES)	220-84-		Rev.		E. Wastle			
	18 CAUSE OF DEATH PART I. DEATH W	H :Enter only AS CAUSED IMMEDIATE	BY			eskin	A A	mer			MATE INTERVAL ONSET AND DEATH
	Canditions, if ony,		DUE TO, OF	R AS A CONSEQUE		dioseni	= 5 Lo	ck		Few	miz
	cause 101, statin underlying cause	g the	DUE TO, OF	AS A CONSEQUE		Pulma	nais	Embli		Pen	hans
NOL	PART 2 OTHER SIGN	VIFICANT CO						INAL DISEASE OR CO			
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY? YES □ NO 📉		WERE FINDING CAUSES	
MEDICAL CES	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CALEXAMINER)	P./	m, month da m,	Y YEAR		4	RED (ENTER NATURE OF IN.	URY IN ITEM TS PA	RT (OR PART 2)	
MED	WHILE NOT WHAT WORK AT WOR	RK		EET FACTORY, OFFICE, FA		211 LOCATION		CITYOR	37.00	COUNTY	STATE
	270.1 certify that (1) sow the decease above, (1) (we) (c				500	nd that in (my) (our) apinion (death occurred on the		and from the	
		n-tx				PI	TENDING HYSICIAN	MEDICAL ST.	AFF ICIAN 🗍	22¢ DATE	2.86
	VAIANT							SHINKTON	ST.	HARE	MU STEA MD
	BURIAL, CREMATION,	REMOVAL	Oct.27			Church		tery Smit	nsburg	, Wash.	, Md.

DHMH 16 60M 7/84 (VRA 15, 4)

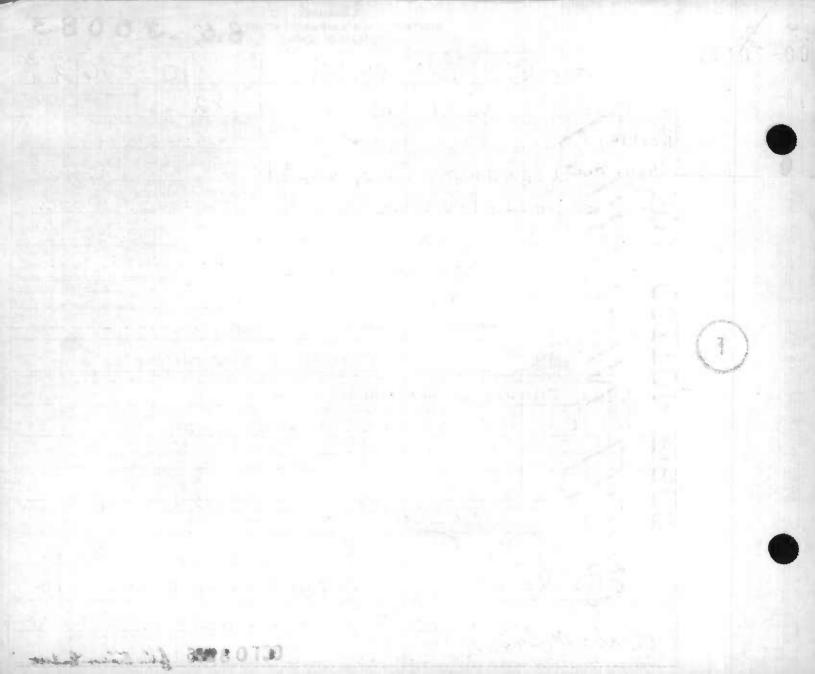
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MPORTANT: If hem 21 is

burial 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

	- 1			STATE OF MARYLAND		
0 - 2 0 2 2 9	,	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	0 0	0 0 3 2
0-70775	1	DECEASED NAME Edwa	rd MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
of the		TYPE OF PRINT)	La 5 46.1	7.5	notabas >	1986 495
pog dec	3	1 homas E	14 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 n ector. urs ofte		male	white	May 17, 1934	52 _{YRS.}	MONTHS DATS HOURS MIN.
oth. Po	5	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	USA	MARSIED A NEW EMARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY Washington	Y OF DEATH
P. A.	10	CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
5 M 5	2.30	Hagerstown	Washington C	ounty Hospital	dispatcher.	taxi
24 hours	35			Stown 13d Inside City Limits?	13e.STREET ADDRESS / ZIP COD 633 W. Wash	ington St. 21740
arely sel	uia / 14	FATHER'S NAME	MIDDIE LAST	15. MOTHER'S MAIDEN NA		LAST
AM P PER	3//		alter Whittir	ngton Lillian	B.	Blake
ecut d co	0 16	WAS DECEASED EVER IN U.S. A			ADDRESS	
IMO n on Pag	E E		Force 220-28-	-7859 Ellen Whittin	gton, Hagerstow	vn, Md.
SALT one b	aft.	18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), as	nd (cy)	10-5	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T. Phy phy phy phy phy phy phy phy phy phy p	even		ATE CAUSE (0) Carles	ulmonamy TVV	251	
ON S ding orbo	afic		DUE TO, OR AS A CONSEOU	ENCE OF		11 1
deat deat	50	Conditions, if any, which	(b) Term/		e unel	4 months
. PR	ertre	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
1 W Thot by sose ol. cr	to the	underlying couse lost.	(c)	The second secon		
RDS, 20	njuny, o		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART Ita
RECORDS. low require. os been signermit. There prior to be	ony	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
he lo on. hos	200	¥				FYING CAUSES OF DEATH?
VITA N. T hysicia cote ronsit Hygir	£	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
OF CLAP		OR CONTRACTOR CAUSE OF R		AY YEAR 19		
DIVISION OF VIT NG PHYSICIAN: ottending physic After this certificant os the burnol-transith and Mental Hyg	5	(IF EITHER NOTIFY MEDICAL EXAMIN	21e. PLACE OF INJURY	21f LOCATION	CITY OR LOWN	COUNTY STATE
VISI G Pl ond	ked	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY ON TOWN	STATE
DIN OF Aft	E		pital) attended the deceased from	2 3 19 86		19 (we) lost
TTEN ortol for u	21 is	saw the deceased alive	19_ view the body ofter death.	ond that in (my) our) opinion	death occurred on the date and ha	ur and from the causes stated
R A hospi	E =	Th. FGNATURE	Hewithe body offer deom.	DEGREE	/	ZZC DATE SIGNED.
the Date of the Da	=	1006	1	M D. ATTENDING PHYSICIAN C	MEDICAL STAFF DIRECTOR PHYSICIAN	10/2/04
SPITA d by VERA be de	MPORTANT	THE PHYSICIAN'S NAME INTE	OF MESS	220 ADDRESS	1/1/1	~ 11
HOSI uned FUN ould b	80%	() CUnthia	T. MIEDDI	Ger 323 W	Memorial	BIVA
TO H retain TO F shoul	₹ 7	BURIAL, CREMATION, REMOVA	L 236. DATE 23c	MAME OF CEMETERY OR CREMATORY	23d LOCATION	11/
BP		burial		roadfording Cem.	Hagerstown.	Wash., Maryland
	24		MINNICH FUNERA		E REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE
DHMH = 16 60M (VRA 15, 4)		NAME	Blvd., Hagerstow			ar is Tournella
			,	00	10/1986	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-20788 MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20. DATE KNOWN 2b. HOUR MONTH (TYPE OR PRINT) OF ESTI-Edgar WOLFE Wade 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 82 DATE 10:35 PRONOUNCED Jan. 25, 1904 male white DEAD A M 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED X Washington USA WIDOWED [Marvland O CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Washington County Hospital supervisor construction Hagerstown ISUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 412 S. Potomac St. 138 INSIDE CITY LIMITS? 13¢ CITY OR TOWN 21740 Washington Hagerstown Maryland YES X NO T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Wolfe Eva Warrenfeltz Wade 166. SOCIAL SECURITY NO. 17 INFORMANT 8509 Mineoln Way W. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR UNKNOWNS 217-10-9577 Mildred I. Shatzer, St. Thomas, Pa. ves 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY #427 - CARDIAC ARREST MMED. IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which - SEVERE ARTERIOSCLEROTIC CARDIOVASCULAR MANY YEARS gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF DISEASE AND HISTORY OF PRIOR cause (a) stating the underlying cause last MYOCARDIAL INFARCTION, SEPT. 1986 #414 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ... 190. DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO X 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) DATE SIGNED OCT. 7,1986 DEPUTY SIGNATURE WEST WASHINGTON STREET EXAMINER'S NAME EDWARD W. DITTO, III, M.D. HAGERSTOWN, MARYLAND 21740 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Oct.9,1986 Rose Hill Cemetery Hagerstown, Wash., Maryland burial RP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME **DHMH - 17** (VR A15 ME (5)) 415 E. Wilson Blvd., Hagerstown, Md. 21740 15M 7/76

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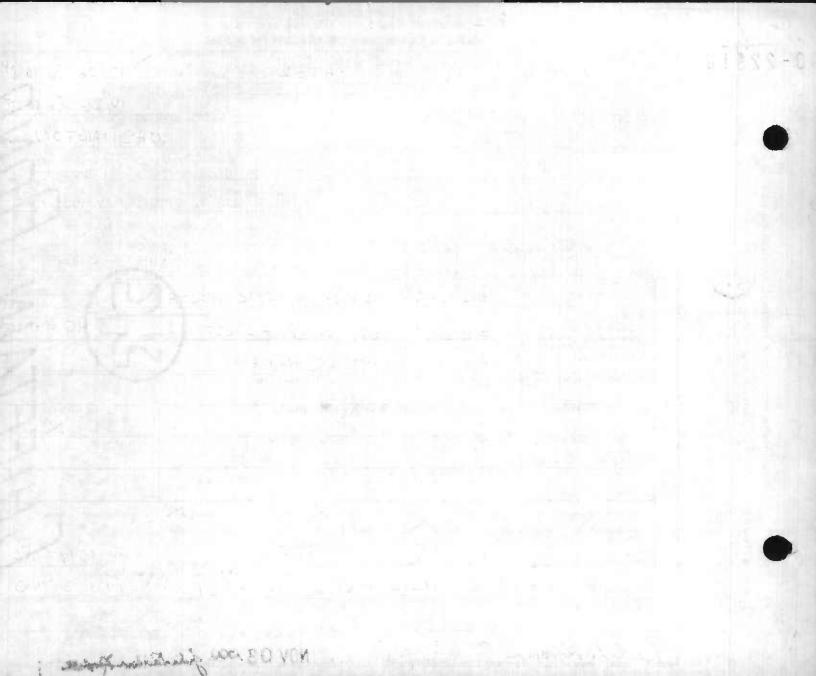
STATE OF THE AUGUST OF THE THE THE

PARTY POTANISCA TANY WILL

MATERIAL . INTERNAL . LACTURE . LACTURE . UNKINE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH Marie Yates Robin ESTI-DEATH MATED 4 RACE IF UNDER 1 YR DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD Sept.30,1960 26 Female White 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNT BIRTHPLACE (STATE OR MARRIED XX NEVER MARRIED FOREIGN COUNTRY) INGTON COM Michigan WIDOWED DIVORCED ILLITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Washington County Hospital Cashier Grocery Hagerstown 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 112 S. Kentucky Avenue Martinsburg West Virginia Berkeley YESKIX FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Holaly Diane Thomas Dame. Jr. 146 SOCIAL SECURITY NO 17 INFORMANT 112 S. Kentucky Avenue 160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO. OR UNKNOWN) 25401 233-98-8548 Lawrence Yates Martinsburg, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) A PART I DEATH WAS CAUSED BY #1901 - RUPTURE OF THORACLE AORTA Conditions, if ony, which 62-CRUSHING INJURY OF CHEST gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE O lying couse last. TOMOBILE ACCIDENT BURI PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY JATHOME 21f LOCATION 214 INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STATE CITY OF TOWN COUNTY 220. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Accident X Homicide Undetermined manner death resulted fram: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE STATE Martinsburg Berkeley WV Rosedale Cemetery 24 FUNERAL DIRECTOR Brown Funeral Home, 327 W. King St 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Facer POBox 821, Martinsburg, WV NOV 03 1900 (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO REGISTRAR 1. DECEASED NAME 2a DATE KNOWN MONTH DAY LTYPE OR PRINT! OF ESTI-ACE OR YOUR FILES.
FILED ITHIN 72 HOURS DEATH MATED 1986 Trank 05 3. SEX 4. RACE 5. DATE OF BIRTH A AGE LIN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH YEAR LAST BIRTHDAY MONTHS PRONOUNCED DEAD YRS 9 BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOR THE COUNTRY! PAGE 5 FILED W WIDOWED [DIVORCED III CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h, KIND OF BUSINESS OR INDUSTRY HE NOT IN SUCH FACILITY GIVE STREAT ADDRESSA FOR MOST OF WORKING LIFE) struction work Shing UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION CAVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Ja. STAFB COUNTY 13d. INSIDE CITY-FIMITS? 13e. STREET ADDRESS MCCONNEllsburg MAFATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE OST 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO. OR UNKNOWN) [(IF YES, GIVE WAR OR DATES] CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) APPROXIMATE INTERVAL ALONG W BETWEEN ONSET AND DEATH AND MENTAL HYGIENE, ATION, OR REMOVAL PART I DEATH WAS CAUSED BY SUV den IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ÉXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN I PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER AL TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HY'S BARTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMO' Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF BUJURY IN ITEM TO PART T OR PART 23 HOUR AM MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 730 P.M. OCT 22 1986 21e PLACE OF INJURY (AT HOME, 211 LOCATION 21d INJURY OCCURRED AT WORK AT WORLE STREET, FAGTORY, FARM, ETC.) COUNTY STATE TOMR 22a I certify that I taok charge of the remains described obove, held an Inspection Autopsy and in my apinian Inquiry death resulted fram Notural couses Hamicide Undetermined monner TITLE (SPECIFY ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE OR CREMATOR 23d, LOCATION 23c. NAME OF CEMETERY 25 BP MCCONNE 24 FUNERAL DIRECTOR 254. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5)) 20M 4/B2

FOR

STATE OF MARYLAND

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CEI	RTI	FICATE	OF	DEATH	

5	Ö	
	REG. NO.	

REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.	0 %	4.1
1 DECEASED NAME FIRST	WIDDLE	LAS	T .	26. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
Vincent	William	ZITO		October 5, 1	1986	9:40A M
T. SEX	4 RACE	5. DATE OF		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
male	white	Marc	h 6, 1897	89 YRS	MONTHS DAYS	HOURS MIN.
JE BIRTHILL CE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH	
Maryland	USA	WIDOWED		Washington		MD.
Williamsport	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S HOMEWOOD RETI	TREET ADDRESS)		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS OR
Maryland Wash	NTY 13c. CITY OR	TOWN	3d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CO 2750 Virginia		.795
14 FATHER'S NAME	MIDDLE LAST	1	5 MOTHER'S MAIDEN NA	WE	100	.,
Salvatore		ito	Sadie	WIDDLE	Ma	ggio
160 WAS DECEASED EVER IN U.S. A		SECURITY NO	17 INFORMANT	ADDRESS		
(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 215-07	-9771	Helen Zito.	Williamsport, M	ld.	
Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSE	ACHEX COUENCE OF COM A	F PROSTATE	- WITH METTING		0
(ORONAN	4 HATELY	()156A8	E			
ORONAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WE	TICH OPERATION	WAS PERFORMED		YES, WERE FINDIP RTIFYING CAUSES YES []	
OR CONTRIBUTION OF CALLER OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM)	18 PART 1 OR PART 2)	
216 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OF		21f LOCATION STREET	CLITY OR TOWN	COUNTY	STATE
220 I certify that 1) this hasp		0.0	that in (my) (our) opinion	death occurred on the date and h		that (1) (we) lost couses stated
77 SIJA E 11	(4)	Wi	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	6/86

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) burial Oct.8,1986

Cedar Lawn Mem. Park

Hagerstown, Wash., Maryland

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE a dayler

415 E. Wilson Blvd., Hagerstown, Md. 21740

METENER, MI

